

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27622

FILED AUG 20 1951 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 257

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON TWP.	
c. LENGTH OF STAY (In this place) 12 DA.		d. STREET ADDRESS (If rural, give location) 1/4 MI. N. OF PARIS = U.S. H.Y. 24	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) J. c. (Last) BROWNING		4. DATE OF DEATH (Month) (Day) (Year) AUG. 10, 1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH FEB. 12, 1876
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 5 Days 28	IF OVER 1 YEAR Years 0 Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY AT LAW		10b. KIND OF BUSINESS OR INDUSTRY GENERAL PRACTICE	
11. BIRTHPLACE (State or foreign country) KY.		12. CITIZEN OF WHAT COUNTRY? H. S. A.	

13a. FATHER'S NAME JAS. CHESTER BROWNING		13b. MOTHER'S MAIDEN NAME ANNA CAPPS		14. NAME OF HUSBAND OR WIFE FLORENCE M. BROWNING	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. J. J. BROWNING	
				ADDRESS PARIS, MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Prostatic Hypertrophy		1 mo.	
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from July 30, 19 51, to Aug. 10, 19 51, that I last saw the deceased alive on August 10, 19 51, and that death occurred at 6:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. J. Candler		(Degree or title) M.D.		23b. ADDRESS HANNIBAL, MO.	
				23c. DATE SIGNED 8-13-51	

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 14, 1951		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	
				24d. LOCATION (City, town, or county) (State) PARIS, MO.	

DATE REC'D BY LOCAL REG. 8-14-51		REGISTRAR'S SIGNATURE Dr. E. M. Lucke		25. GENERAL DIRECTOR'S SIGNATURE Speed & Blakey	
				ADDRESS PARIS, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

644

RECEIVED AUG 17 1951
UNION CO. HEALTH DEPT.
DATE FILED AUG 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed A. G. Blakey

Licensed Embalmer No. 2416

P. O. Address Paris, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of licensé.)

If this body is not embalmed, fact should be so stated above.