

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37033**

FILED DEC 6 1951

BIRTH NO. 75277-51 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> 0802			2. USUAL RESIDENCE (Where deceased lived? If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>1335 Cedar St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gullers Hospital</u>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>David</u>	b. (Middle) <u>Charles</u>	c. (Last) <u>Browning</u>	(Month) <u>Nov</u>	(Day) <u>23</u>	(Year) <u>1951</u>

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Nov 22 1951</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 HRS.
					Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Trenton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>B.F. Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Lipton</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Lipton (uncle)</u>		ADDRESS <u>Trenton, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>asphyxiated from tracheal</u>	ANTECEDENT CAUSES DUE TO (b) <u>Premature birth</u>		
	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 <u>7625</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Nov 22, 1951, to Nov 23, 1951, that I last saw the deceased alive on Nov 23, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title)	23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>Nov 24/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 25 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Humphrey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Humphrey, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-25-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmore</u>	ADDRESS <u>Trenton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. mail



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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Gordon Blackmer

Licensed Embalmer No. 4602

P. O. Address Clinton, Mo

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 license.)

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