

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4879

636

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, north 4</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bronch Hoep</u>				d. STREET ADDRESS (If rural, give location) <u>4706 East 45 Ter North</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benny</u> b. (Middle) <u>Irl</u> c. (Last) <u>Browning</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9 1952</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 29-1888</u>		9. AGE (In years last birthday) <u>64</u>	10. CITIZENSHIP <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		
13a. FATHER'S NAME <u>Alfred Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Condurant</u>		14. NAME OF HUSBAND OR WIFE <u>Clare Browning</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-09-8353</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clare Browning</u> ADDRESS <u>K.C. Mo</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Coronary Arteriosclerosis</u> DUE TO (c) <u>Coronary Arteriosclerosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Emphysema</u>				<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.							
23a. SIGNATURE <u>Russell W. Kerr</u> (Degree or title)				23b. ADDRESS <u>St. Joseph Hospital</u>		23c. DATE SIGNED <u>9 Feb 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Evans</u>		24d. LOCATION (City, town, or county) (State) <u>Spickard Mo</u>		
DATE REC'D BY LOCAL REG. <u>2-10-52</u>		REGISTRAR'S SIGNATURE <u>Therese Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart McClure</u> ADDRESS <u>K.C. Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Gen Clark*

Licensed Embalmer No.....

*4216*

P. O. Address.....

*R. 6. MO.*

Signed.....  
Student Embalmer

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.