

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

7161

State File No.

No. 300

10-48 FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 119

134

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

1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>		c. CITY OR TOWN <u>FARMERSVILLE</u> <u>7120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COMMUNITY NURSING HOME #2</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u> b. (Middle) _____ c. (Last) <u>ELIZABETH BROWNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 20, 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED NEVER MARRIED, <u>WIDOWED</u> DIVORCED (Specify)	8. DATE OF BIRTH <u>2 SEPT. 22, 1868</u>	9. AGE (In years last birthday) <u>83</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	

13a. FATHER'S NAME <u>JOSEPHUS CAUBY</u>		13b. MOTHER'S MAIDEN NAME <u>EMALINE GERHARD</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGE C. BROWNING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>BLANCHE CAUBY WIFE BALDWIN</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u> <u>6 days</u> <u>YEARS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDULLARY FAILURE</u> ANTECEDENT CAUSES: <u>CEREBRAL VASCULAR ACCIDENT</u> Morbid conditions, if any, giving rise to the above cause(s) stating the underlying cause last. DUE TO (b) <u>THROMBOENCEPHALOMALCIA</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DEHYDRATION & INANATION</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 SEPT 24, 1950, to MAR 20, 1952; that I last saw the deceased alive on MAR. 20, 1952; and that death occurred at 11:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of death) <u>M. T. Hutenshek M.D.</u>		23b. ADDRESS <u>Kirksville Mo.</u>		23c. DATE SIGNED <u>3/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rovey</u>	
24d. LOCATION (City, town, or county) (State) <u>Farmersville, Ill.</u>					

DATE REC'D BY LOCAL REG. <u>3-21-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold...</u>	
				ADDRESS <u>Kirksville, Mo.</u>	

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 *Geeth Collins*

Licensed Embalmer No.

P. O. Address

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.