

1952 AUG 4

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23664

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 791

117  
0

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> COUNTY <u>Dorris</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>60 Hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyman</u> b. (Middle) <u>Webster</u> c. (Last) <u>Browning</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7/25/52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11 1887</u>		9. AGE (In years less birthday) <u>64</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>    </u> Days <u>    </u> <input type="checkbox"/> UNDER 1 HR. Hours <u>    </u> Min. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Forest Hill Mo.</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J. T. Browning</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy E. Cannon</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Browning</u>
---------------------------------------------	-----------------------------------------------------	------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>513-10-0443</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elsie Browning Troy Kansas</u>
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------	-------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia - hemorrhagic</u>	DUE TO (b) <u>Malaria</u>		<u>30 hrs</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Large calcified mass at bifurcation</u>		<u>10 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death of <u>trachea, 500gm spleen</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>116X</u>	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)	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 7-23, 1952, to 7-25, 1952, that I last saw the deceased alive on 7-24, 1952, and that death occurred at 6:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Grant MD</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>7/26/52</u>
--------------------------------------------------------	----------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Troy Kansas</u>
-------------------------------------------------------------	-----------------------------	--------------------------------------------------------	---------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>July 30, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. P. Karl, Troy, Kansas</u>
--------------------------------------------------	------------------------------------------------	-----------------------------------------------------------------------------

AUG 11 1952

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 E. L. Carr

Signed .....  
Student Embalmer

Licensed Embalmer No. 3532

P. O. Address Troy Kansas

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.