

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4657

State File No.

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Holt			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Holt		
b. CITY (If outside corporate limits, write RURAL and give township) Mound City		c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Mound City		d. STREET ADDRESS (If rural, give location) 0448
d. FULL NAME OF HOSPITAL OR INSTITUTION At home			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) Florida b. (Middle) A. c. (Last) Browning			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 14, 1871	9. AGE (In years last birthday) 82	10. MONTHS 11. DAYS 12. HOURS 13. MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY In the home	11. BIRTHPLACE (City and State or Foreign Country) Holt County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Granville Shultz		13b. MOTHER'S MAIDEN NAME Anna Flemming		14. NAME OF HUSBAND OR WIFE James L. 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 Frost Browning Tarkio, Missouri		

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident				INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Arteriosclerotic Hypertension				3 days unknown
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				2 yrs.

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) 331 X	
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 July 1, 1953, to Feb 2, 1954, that I last saw the deceased alive on Feb 2, 1954, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Isaac J. Sweeney M.D.		23b. ADDRESS Oregon, Missouri		23c. DATE SIGNED Feb 2, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/5/1954	24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Near Mound City, Mo.	

DATE REC'D BY LOCAL REG. 2-3-1954	REGISTRAR'S SIGNATURE [Signature]		25. GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mound City, Mo.		
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(Deceased Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James A. Crawford

Licensed Embalmer No. 4796

P. O. Address Round City, 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.