

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28574

State File No.

FILED AUG 19 1954

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood	c. LENGTH OF STAY (in this place) Unknown	c. CITY OR TOWN Christopher	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		f. STREET ADDRESS (If rural, give location) 210 South Snyder	

3. NAME OF DECEASED (Type or Print) a. (First) RAY	b. (Middle) JAMES	c. (Last) BROWNING	4. DATE OF DEATH (Month) (Day) (Year) August 13 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 26 August 1904	9. AGE (In years last birthday) 49	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Herrin, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Eli Browning	13b. MOTHER'S MAIDEN NAME Florence Dawson	14. NAME OF HUSBAND OR WIFE Verda Craig Browning
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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) Yes unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS L.A. White, Capt. MSc. Fort Leonard Wood, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH approx. 1 hr
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary hemorrhage, Left	DUE TO (a) Pulmonary cavitation		Unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Pulmonary Tubercular lesion		Unknown
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 None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 ~~examined~~ ^{saw} the deceased ~~on~~ ^{on} **13 Aug**, 1954, and that death occurred at **4:38 A** m., from the causes and on the date stated above.

23a. SIGNATURE Harris D. Hanson HARRIS D. HANSON, MD	(Degree or title) 1st Lt. MC	23b. ADDRESS US Army Hospital Fort Leonard Wood, Mo	23c. DATE SIGNED 13 Aug 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removed	24b. DATE 8-14-54	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Christopher Franklin, Ill.
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DATE REC'D BY LOCAL REG. 8-14-54	REGISTRAR'S SIGNATURE Paul J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE S.R. Belbert	ADDRESS Christopher Ill.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-14-54
Pulaski County Health Officer
File Number
Date Filed 8-14-54

AUG 20 1954

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.....
Signature of Student Embalmer

Signed *Ewell Craig*

Licensed Embalmer No. 476

P. O. Address *Crocker*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.