

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17672**

FILED JUN 28 1955

5058

Registrar's No. **80**

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 80	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) Monett, Rural, Monett Twp		c. LENGTH OF STAY (in this place) years		c. CITY (If outside corporate limits, write RURAL and give township) Monett, Rural, Monett Twp		d. STREET ADDRESS (If rural, give location) Southwest of Monett	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southwest of Monett				d. STREET ADDRESS (If rural, give location) Southwest of Monett			
3. NAME OF DECEASED (Type or Print) a. (First) Pansy Jane		b. (Middle) Hassie		c. (Last) Browning		4. DATE OF DEATH (Month) (Day) (Year) June 14 - 1955	
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov. 28 - 1893	
9. AGE (in years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mo.	
11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Teel		13b. MOTHER'S MAIDEN NAME Helina Warrington	
13c. NAME OF HUSBAND OR WIFE Elmer Browning (decd)		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Armon Carlin		17. ADDRESS Monett, Mo.		19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) 391 X		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
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 June 6, 1955 to June 14, 1955 , that I last saw the deceased alive on June 14, 1955 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE F. L. Edmunds MD				23b. ADDRESS Monett, Mo.		23c. DATE SIGNED 6-15-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 16 - 1955		24c. NAME OF CEMETERY OR CREMATORY New Site		24d. LOCATION (City, town, or county) (State) Southwest of Monett Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 6-15-55		REGISTRAR'S SIGNATURE Mrs. P. N. Cook		FUNERAL DIRECTOR'S SIGNATURE Bennett Warrington		ADDRESS Monett Mo.	

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 655-273

DATE REC. 6-24-55

FEB 26 1958

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, 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.