No. 300
10-48

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

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21185

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 205

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HanniBAL
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: SHELBY
c. CITY OR TOWN: Hunnewell
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): RFD #2

1020 1

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): MARION
c. (Last): BROWNE

4. DATE OF DEATH (Month) (Day) (Year): JUNE 16TH 1956

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: SEPTEMBER 26 1897
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months 8, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dir.-Gen'l Manager
10b. KIND OF BUSINESS OR INDUSTRY: Western Light & Telephone Co
11. BIRTHPLACE (City and State or Foreign Country): Hunnewell Shelby Co Missouri
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: SIDNEY H. BROWNE
13b. MOTHER'S MAIDEN NAME: OLLIE DILL
14. NAME OF HUSBAND OR WIFE: SUSIE BROWNE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Susie C. Browne — ADDRESS: Hunnewell, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Essential Hypertension — years.
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: 331X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-16-56, 19____, *to* 6-16-56, 19____, *that I last saw the deceased alive on* 6-16-56, 19____, *and that death occurred at* 445 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 100 N. Sixth, Hannibal, Mo.
23c. DATE SIGNED: 6-19-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 18TH 1956
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Hunnewell, Missouri

DATE REC'D BY LOCAL REG.: 6/19/56
REGISTRAR'S SIGNATURE: A Em Lucke H. C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: WILSON & Sons, Monroe City, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED JUN 2 1 1956
MARION CO. HEALTH DEPT.
DATE FILED JUN 2 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by me, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No 20 1 X

P. O. Address Monroe Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.