

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 Use only black ink or ribbon typewrite if possible.
 Do not use any standard nomenclature in item 18. No symptoms will be listed.

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37070

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1288

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky b. COUNTY Muhlenberg			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bremen		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3110 Francis St.			Length of stay in lb 1 day	d. STREET ADDRESS None (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELMO Middle BROWNING Last BROWNING				4. DATE OF DEATH Month December Day 1 Year 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH October 11, 1875		9. AGE (In years last birthday) 81 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Bremen Kentucky		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME James W. Browning				14. MOTHER'S MAIDEN NAME Not known			
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 Col. E.E. Browning Address St. Joseph, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Generalized arteriosclerosis DUE TO (c) Coronary atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Cerebrovascular accident (old) 4/20/1						INTERVAL BETWEEN ONSET AND DEATH four hours Years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		CITY		STATE	
21. I attended the deceased from 12/1/56 to 12/1/56 and last saw the him alive on 12/1/56 Death occurred at 7:15P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Donald J. Stallard M.D. (Degree or title)				22b. ADDRESS 902 Edmond St., City		22c. DATE SIGNED 12/3/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-3-56	23c. NAME OF CEMETERY OR CREMATORY Briar Creek Cemetery		23d. LOCATION (City, town, or county) (State) Bremen Kentucky		
24. FUNERAL DIRECTOR St. Joseph Funeral Home ADDRESS St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Dec. 7, 1956		26. REGISTRAR'S SIGNATURE Corneal M. Allison		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Charles E. Bennett

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

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