

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED MAR 19 1957

State File No. **8466**

BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4227** Registrar's No. **20**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Holt		a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, write RURAL and give township) Craig		c. CITY OR TOWN Craig	
c. LENGTH OF STAY (In this place) 0 44 0		d. In 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 Craig, Mo.		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Walter	b. (Middle) Edward	c. (Last) Browning	March 11, 1957		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1871	9. AGE (In years, month, day) 86	10. UNDER 1 YEAR Months _____ Days _____	11. 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 On farm	11. BIRTHPLACE (City and State or Foreign Country) 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	--	---

13a. FATHER'S NAME William Elias Browning	13b. MOTHER'S MAIDEN NAME Elizabeth Galloway	14. NAME OF HUSBAND OR WIFE Grace Browning
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edell Browning - 3714 Broadway Kansas City, Mo.
---	--	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Asthmatic Bronchitis DUE TO (c) CARCINOMA OF STOMACH.		
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 151X	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)
---	---	--

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?
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from December, 1956, to MARCH, 1957, that I last saw the deceased alive on MARCH 9, 1957, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James R. Allen, M.D. 0	23b. ADDRESS Rock Port, Mo.	23c. DATE SIGNED March 12, 1957
---	---	---

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/13/57	24c. NAME OF CEMETERY OR CREMATORY S.O.O.F.	24d. LOCATION (City, town, or county) (State) Craig, Mo.
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. 3/13/57	REGISTRAR'S SIGNATURE James R. Allen	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur L. Scholer	ADDRESS Craig, Mo.
--	--	--	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilber L. Scholer.....

Licensed Embalmer No. 399

P. O. Address Craig, N

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.