

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029604

STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 205

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social, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Chillicothe		*Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe		*Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hosp.		Length of stay in lb lyr8mos	d. STREET ADDRESS Strand Hotel		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SPENCER Middle ALEXANDER Last BROWNING			4. DATE OF DEATH Month August Day 18 Year 1958		
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 Aug. 20 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realitor & Insurance		10b. KIND OF BUSINESS OR INDUSTRY Realestate	11. BIRTHPLACE (City and state or country) Avalon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert Browning		13b. MOTHER'S MAIDEN NAME Eliza Jane Alexander		14. NAME OF HUSBAND OR WIFE Blanche Watson	
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. 496-16-5177	17. INFORMANT Address Roger Browning; Chillicothe, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 3 hours
DUE TO (b) Generalized arteriosclerosis					unknown
DUE TO (c) 332 X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 6 Month July Day 1953 Year 1953 a.m. 5 p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 1953 to Aug 18 1958 and last saw her alive on Aug 17, 1958 Death occurred at Six Fifty-five A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William L. Fair, M.D.			22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED 8/19/58
23a. BURIAL, CREMATION, REBURY (Specify) Burial	23b. DATE 8-20-58	23c. NAME OF CEMETERY OR CREMATORY Avalon Cemetery		23d. LOCATION (City, town, or county) (State) Avalon, Missouri	
24. FUNERAL DIRECTOR ADDRESS NORMAN FN'L HOME; Chillicothe, Mo.			25. DATE RECD. BY LOCAL REG. 8/19/58	26. REGISTRAR'S SIGNATURE Francis B Neill	

SEP 25 1956

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 *Joseph M. Hilben*

Licensed Embalmer No. 4769

P. O. Address Chillicothe, Mi

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.