

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005004  
STATE FILE NUMBER

FILED MAR 2 1959

Registration District No. 100 Primary Registration District No. Registrar's No. 5

0  
300  
-57

1. PLACE OF DEATH a. COUNTY <b>ent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clenden typ</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Salem</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Length of stay in lb <b>12 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>Jadwin rt</b>
3. NAME OF DECEASED (Type or print) First <b>Harry</b> Middle <b>Hodgen</b> Last <b>Browne</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>24</b> Year <b>1959</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 13 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	9. AGE (In years last birthday) <b>67</b>
11. BIRTHPLACE (City and state or country) <b>Cent Co Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Harrison Browne</b>		13b. MOTHER'S MAIDEN NAME <b>Roseeta Rhinehart</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>X</b>		16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT <b>Robert Browne</b> Address <b>Jadwin Rt Salem Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma of lung</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Excessive smoking?</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>163x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3/28/57</b>
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. Month, Day, Year _____			
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 <b>March '57</b> to <b>12/10/58</b> and last saw <sup>him</sup> alive on <b>12/10/58</b> Death occurred at <b>5:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Martin Martin</b>		22b. ADDRESS <b>Salem Missouri</b>	22c. DATE SIGNED <b>2/26/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb 26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mas nic Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Bismark Mo</b>
24. FUNERAL DIRECTOR <b>Spencer Funeral home</b>		25. DATE RECD. BY LOCAL REG. <b>2/26/59</b>	26. REGISTRAR'S SIGNATURE <b>M. M. Hart, M. D. by A. M.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

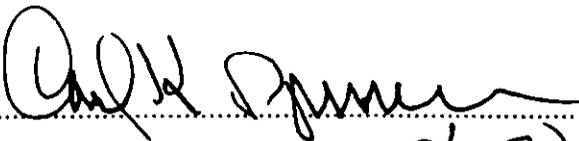
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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  .....

Licensed Embalmer No. 370  
P. O. Address Salmon, ID

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.