

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2142

STATE FILE NUMBER

FILED FEB 5 1958

Registration District No. 247 Primary Registration District No. 5838 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY LAWRENCE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BERWICK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN PIERCE CITY		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9 M-S-W PIERCE CITY		Length of stay in lb 6 MONTHS		d. STREET ADDRESS 9 MILE W. PIERCE CITY		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle DENNIS Last BROWNING				4. DATE OF DEATH Month 1 - Day 17 - Year 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4-18-1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 8 Days 30	IF UNDER 24 HRS. Hours 2 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BARRY COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME JOHN BROWNING				14. MOTHER'S MAIDEN NAME ANNA BANKS			
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 Address DORTHY SCOTT STARK CITY			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Angina pectoris						INTERVAL BETWEEN ONSET AND DEATH 3 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4202						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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 8-20-57 , to 1-17-58 and last saw ^{her} him alive on 1-2-58 . Death occurred at 12:20 am on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Type or title) Charles A. Moore DO				22b. ADDRESS Pierce City Mo.		22c. DATE SIGNED 1-19-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-19-1958	23c. NAME OF CEMETERY OR CREMATORY JOLLY CEMETERY		23d. LOCATION (City, town, or county) (State) PIERCE CITY MO		
24. FUNERAL DIRECTOR ADDRESS WILKS BROS PIERCE CITY			25. DATE RECD. BY LOCAL REG. Jan. 24-1958		26. REGISTRAR'S SIGNATURE M. E. Young		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Medical Officer No. Newton
File Number 158-19
Date Filed Jan 23 1958

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, Edwin Wilks, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 413

P. O. Address Pence City

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