

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

32115  
 Do not use this space.

1938 OCT 18 1938

**1. PLACE OF DEATH**

(a) County Douglas Registration District No. 272  
 (b) Township Benton Primary Registration District No. 379  
 (c) City Ava, Missouri (d) Street No. 411.5 Registered No. 195  
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Cecil Everett Browning

(a) Residence, No. Ava, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1938, 19

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Browning

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938 to Oct 2, 1938  
 I last saw h. alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 4:20 P m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1897  
 7. AGE YEARS 41 MONTHS 2 DAYS 15 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

Coronary Heart Disease Date of onset Sept 25 1938

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher  
 9. Industry or business in which work was done, as saw mill, bank, etc. Vocational agriculture  
 10. Date deceased last worked at this occupation (month and year) Sept. 1938  
 11. Total time (years) spent in this occupation 15

Other contributory causes of importance:  
 Name of operation Phys. & clinical Date of 8/14/38  
 What test confirmed diagnosis? 8/14/38 Were an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona, Missouri

FATHER 13. NAME D.S. Browning,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Missouri.

MOTHER 15. MAIDEN NAME Etta Dell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mabel Browning  
 (ADDRESS) Ava mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Verona DATE 10-5-38 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.V. Clinkensbeard  
ava, missouri

20. FILED 90-90 1938 Jenny Burke Local Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury  
 Nature of injury  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify  
 (Signed) R.M. Norman M. D.  
 (Address) Ava mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED FILED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE OCT 12 1938

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**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**