

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34352

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Elk Horn, twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- Elk Horn, twp.</u>	
c. LENGTH OF STAY (In this place) <u>45</u> years		d. STREET ADDRESS (If rural, give location) <u>Stella Rt. 2, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stella Rt. 2, Missouri</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u> b. (Middle) <u>Darius</u> c. (Last) <u>Browder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 29, 1900</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 28 HRS. Hours <u>1</u> Min. <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>McDonald, Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oliver Browder</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jessee</u>	14. NAME OF HUSBAND OR WIFE <u>Louise Browder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Louise Browder</u>	ADDRESS <u>Stella, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bowel Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Medical</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., sea)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. M. Humphrey</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Linnville, Mo.</u>	23c. DATE SIGNED <u>11-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-26-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oweley Cemetery</u>	24d. LOCATION (City, town; or county) (State) <u>McDonald Co., Missouri</u>
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DATE REC'D BY LOCAL REG <u>Nov. 7, 1949</u>	REGISTRAR'S SIGNATURE <u>P. E. Plumlee</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Papinian</u>	ADDRESS <u>Goodman, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 9 1948
District Health Office No. 6,
District No. Number 1149-1129
Date 11-9-49

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
Student Embalmer

Signed

Jesse O. Sullivan

Licensed Embalmer No. 4646

P. O. Address *Joplin, Mo.*

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 this body is not embalmed, fact should be so stated above.