

FILED DEC 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36748

BIRTH NO. _____ REG. DIST. NO. 78 PRIMARY REG. DIST. NO. 5370 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Union Twp. 3 mi		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pattonsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Home 5		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) John O. Browning			4. DATE OF DEATH (Month) (Day) (Year) Nov 22 1949		
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5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb 26, 1870	9. AGE (In years less birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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 (State or foreign country) Mo O	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Willis Browning	13b. MOTHER'S MAIDEN NAME Nancy Palmer	14. NAME OF HUSBAND OR WIFE Brownind Viola Bell Carpenter
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15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. +	17. INFORMANT'S SIGNATURE OR NAME Alpha Shaw	ADDRESS Pattonsburg, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4.42X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiac (vascular) renal disease		
	ANTECEDENT CAUSES DUE TO (b) arterial Sclerosis, Cardiac enlargement Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Nov 10, 1949, to Nov 22, 1949, that I last saw the deceased alive on Nov 21, 1949, and that death occurred at 5/30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Heep only Del	(Degree or title) 0	23b. ADDRESS Pattonsburg Mo	23c. DATE SIGNED Nov 26/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE II/24/49	24c. NAME OF CEMETERY OR CREMATORY Cope	24d. LOCATION (City, town, or county) (State) 4 M. S&E of Santarosa, Mo
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DATE REC'D BY LOCAL REG. 6 Dec 1949	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Gromer Funeral Home	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

G. S. Cromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, N

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.