

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41569**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERONA</u> MO <u>5th</u>	
c. LENGTH OF STAY (In this place) <u>7dy</u>		d. STREET ADDRESS (If rural, give location) <u>Verona Rural 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLENA</u> b. (Middle) <u>P.</u> c. (Last) <u>BROWNING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19-1949</u>	
5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 10-1876</u>
9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>9</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>LAWRENCE</u>			
13a. FATHER'S NAME <u>L. J. Han</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Kramer</u>	
14. NAME OF HUSBAND OR WIFE <u>Art Browning</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Art Browning</u>		ADDRESS <u>Verona MO</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accidents</u>  ANTECEDENT CAUSES Morbidity 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. <u>Smith psychosis, coma</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)			
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?			
22. I hereby certify that I attended the deceased from, <u>11/8</u> , 19 <u>49</u> , to <u>11/19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/18</u> , 19 <u>49</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur J. Gray MD</u> (Degree or title)		23b. ADDRESS <u>Yut Vernon, Mo</u>	
23c. DATE SIGNED <u>12/19/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-21-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Spring river</u>		24d. LOCATION (City, town, or county) (State) <u>Verona Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 9-49</u>		REGISTRAR'S SIGNATURE <u>Dora McNatt</u> 157	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Dora McNatt</u>		ADDRESS <u>Verona Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12 1949

District Health Office No. 6,

District File Number 1249-1370

Date Filed 12-14-49

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 \_\_\_\_\_

was embalmed by me Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed [Signature] \_\_\_\_\_

Licensed Embalmer No. 3812

P. O. Address [Signature]

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.