

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9522

0580

4296 State File No. 92-26 Registrar's No. 32

BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 92-26

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROWNING	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) _____ c. (Last) Creason			4. DATE OF DEATH (Month) (Day) (Year) 5 10 50
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-7-1863
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME James Creason		13b. MOTHER'S MAIDEN NAME Susan M. Cornett	14. NAME OF HUSBAND OR WIFE
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. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Lambert Browning
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute dilatation of cardiac failure INTERVAL BETWEEN ONSET AND DEATH 4500 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. Senility - arteriosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-10-50 to 3-9-50 , that I last saw the deceased alive on 2-9-50 , 19 50 , and that death occurred at 11:47 a.m. from the causes and on the date stated above.			
23a. SIGNATURE J.R. Martin (Degree or title)		23b. ADDRESS Browning, Mo	
23c. DATE SIGNED 3-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE 3-12-50	
24c. NAME OF CEMETERY OR CREMATORY Mozer		24d. LOCATION (City, town, or county) (State) Browning, MO.	
DATE REC'D BY LOCAL REG. Mar. 16, '50.		REGISTRAR'S SIGNATURE Elva Crookshank 166	
25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home		ADDRESS Browning, MO.	

(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.

Signed Harold I. Wade

Signed.....
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

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.