

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 14146

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4428		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland		0850	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) Mattie		b. (Middle) Mae		c. (Last) Browning		4. DATE OF DEATH (Month) (Day) (Year) 4-12-1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH NOV 27 1895	
9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR Months 4		11. IF UNDER 24 HRS. Days 15		12. IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Drum MO D	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME A.D. Hart		13b. MOTHER'S MAIDEN NAME Anna Scott		14. NAME OF HUSBAND OR WIFE C.H. Browning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. N9		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.H. 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) Cardiac Failure				INTERVAL BETWEEN ONSET AND DEATH 7 days			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis				23 yrs			
DUE TO (c) Diabetic Mellitus				15-20 yrs			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				260X			
19a. DATE OF OPERATION		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) m.		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 Apr 8 1950, to April 12 1950, that I last saw the deceased alive on April 11, 1950, and that death occurred at 2:00 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul C. Roach - M.D.				23b. ADDRESS Richland, Mo.		23c. DATE SIGNED Apr 15 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 4-14-50		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Richland Mo.	
DATE REC'D BY LOCAL REG. 4-27-50		REGISTRAR'S SIGNATURE Thelma C. Buckthorn		25. FUNERAL DIRECTOR'S SIGNATURE J.B. Deeper		ADDRESS Richland	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4/27/50
Pulaski County Health Officer
File Number _____
Date Filed 4/27/50

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Quill C. Craig

Licensed Embalmer No. 4786

P. O. Address

Richland, 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.