

FILED JUN 13 1950

STANDARD CERTIFICATE OF DEATH

State File No. 15835

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Mt. Pleasant</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Butler, 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R+D # 6 - BUTLER</b>		d. STREET ADDRESS (If rural, give location) <b>404 Ohio</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Larry</b> b. (Middle) <b>Lee</b> c. (Last) <b>Browning</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6 - 7 - 1950</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	
8. DATE OF BIRTH <b>1-23-1938</b>		9. AGE (In years last birthday) <b>12</b> Months <b>4</b> Days <b>14</b>		10. AGE (In years last birthday) <b>12</b> Months <b>4</b> Days <b>14</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Jr. High School</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Howard Browning</b>		13b. MOTHER'S MAIDEN NAME <b>Gladys Cumpston</b>		14. NAME OF HUSBAND OR WIFE <b>Never Married</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gladys Linard Butler, Missouri</b>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Drowning</b>		<b>inst -</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>while swimming in a pond</b>		<b>29 48</b>
DUE TO (c)		<b>6 1 42</b>	
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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Farm - Farm</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>S.E Butler Mo Bates Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>JUNE 7-50 1:30 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Accidental Drowning</b>	

22. I hereby certify that I attended the deceased from **death to arrival**, that I last saw the deceased alive on **June 7, 1950**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John G Underwood Coroner</b>		23b. ADDRESS <b>Butler Mo</b>		23c. DATE SIGNED <b>June 8 - 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 11 - 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Butler, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>June - 9 - 1950</b>		REGISTRAR'S SIGNATURE <b>Rendall Korny 170</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Culber - Underwood - Butler Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-12-50  
District Health Officer No. 7  
District File Number 5-50-63  
Date Filed 6-12-50

*Handwritten notes and signatures:*  
- Name of deceased: *Robert G. Steinbeck*  
- Date: *6-12-50*

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 Embalmer No.....

Signed *Robert G. Steinbeck*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4657*

P. O. Address *Butler, 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.