

FILED JUL 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23915**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. **5638** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Odessa</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural S.W. A. Bar</b>	
c. LENGTH OF STAY (In this place) <b>18 mos</b>		d. STREET ADDRESS (If rural, give location) <b>Rural Rt. 1 054</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of daughter</b>			

3. NAME OF DECEASED a. (First) <b>Lennie</b> b. (Middle) <b>D</b> c. (Last) <b>Browning</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 17-1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Mar 4, 1881</b>
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Samuel Howell</b>	13b. MOTHER'S MAIDEN NAME <b>Perlinia Stevenson</b>	14. NAME OF HUSBAND OR WIFE <b>Conrad Browning</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 <b>Mrs Paul Rustman</b> ADDRESS <b>Odessa</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  <b>170X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Breast.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>metastasis to vertebrae</b>	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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 **Jan 1949**, to **7-16**, 19**50**, that I last saw the deceased alive on **7-16**, 19**50**, and that death occurred at **SA** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Markins</b>	(Degree or title)	23b. ADDRESS <b>Odessa Mo</b>	23c. DATE SIGNED <b>7-17-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>July 19, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Buckner Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Buckner Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/17/50</b>	REGISTRAR'S SIGNATURE <b>Emma Davidson</b>	153 deputy	25. FUNERAL DIRECTOR'S SIGNATURE <b>V. M. Reppert</b>	ADDRESS <b>Buckner Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

541

NO FEE  
ENCLOSED  
JUL 23 1950

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

Signed Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, 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.