

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34140**
Registrar's No. **72**

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4321		Registrar's No. 72		
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Mercer				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		c. LENGTH OF STAY (in this place) 82 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		0650		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Hezekiah			b. (Middle) Scott		c. (Last) Browning		4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 3, 1868		9. AGE (In years last birthday) 82	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) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joe Browning			13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Emma Browning			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Rose Helt Princeton Mo.				ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary				INTERVAL BETWEEN ONSET AND DEATH sudden
				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. 420				
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE W. D. Crowe			23b. ADDRESS Princeton Mo.		23c. DATE SIGNED 10-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 21, 1950	24c. NAME OF CEMETERY OR CREMATORY Middle Point Cemetery		24d. LOCATION (City, town, or county) (State) Mercer County Mo.			
DATE REC'D BY LOCAL REG. 10-17-50		REGISTRAR'S SIGNATURE M. J. Reta		25. FUNERAL DIRECTOR'S SIGNATURE Wm. L. Gaudin		ADDRESS Linnville La.		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

James L. Greerlee

Licensed Embalmer No.

3967

P. O. Address

Linnville, 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.