

No. 300  
10.48

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36172**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1373**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	<b>0117</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>St. Joseph Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2517 Union Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle)	c. (Last) <b>Browning</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 1 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Not Known</b>	8. DATE OF BIRTH <b>Not Known</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Private Homes</b>	11. BIRTHPLACE (State or foreign country) <b>Not Known</b>	12. CITIZEN OF WHAT COUNTRY? <b>?</b>
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13a. FATHER'S NAME <b>Not Known</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Not Known</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Not Known</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records of Social Welfare Office</b>	ADDRESS <b>Records of Social Welfare Office</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cerebral Hemorrhage</b>		<b>1 day</b>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis</b>		<b>1 year</b>
DUE TO (c) <b>Man was picked up in a yard on Corby street - unconscious. He was sent to the St. Joseph Hospital where he died without re-gaining consciousness.</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	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **on 12/1**, 19**50**, to \_\_\_\_\_, 19\_\_\_\_; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:16 P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. J. Mundy M.D. (Coroner)</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>12/1/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12 4 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Mo</b>
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DATE REC'D BY LOCAL REG. <b>Dec 4, 1950</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cest</b>	444	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. H. Alexander</b>	ADDRESS <b>St. Joseph Mo</b>
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(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 <sup>not</sup> embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Wm. H. Alexander

Signed.....  
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.