

FILED APR 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8152
Registrar's No. 49

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON 0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 RURAL STREET		d. STREET ADDRESS (If rural, give location) 701 RURAL STREET 0	

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) M. c. (Last) BROWNING		4. DATE OF DEATH (Month) (Day) (Year) MARCH 15, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 17, 1895
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR 4	IF UNDER 24 HRS. 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SULLIVAN COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME WILLIAM BROWNING	13b. MOTHER'S MAIDEN NAME ETTA IRELAND	14. NAME OF HUSBAND OR WIFE D EWEY BROWNING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. DEWEY BROWNING TRENTON, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 months
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Sept 20th 1951 to March 15th 1951, that I last saw the deceased alive on March 15th, 1951 and that death occurred at 10:40 AM., from the causes and on the date stated above.		

23a. SIGNATURE Oliver F. Duffey, M.D.	(Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED March 16, 1951
24a. BURIAL, CREMATION, REMOVAL BURIAL	24b. DATE 3/18/51	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	24d. LOCATION (City, town, or county) Trenton, Missouri

DATE REC'D BY LOCAL REG. 3/18/51	REGISTRAR'S SIGNATURE June Jew	25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Sisson	ADDRESS Trenton, Missouri
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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 embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Charles D. Lipson

Signed.....
Student Embalmer

Licensed Embalmer No. 3109

P. O. Address Trenton, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.