S. No. 300
Rev. 10-48

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

FILED APR 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13368

BIRTH NO. 51094-5 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3041 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO
c. LENGTH OF STAY (in this place): 48HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SALES-MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: McDONALD
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PINEVILLE
d. STREET ADDRESS (If rural, give location): 060-11

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) ROBERT c. (Last) BROWNING
4. DATE OF DEATH (Month) (Day) (Year): 1-29-51
5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N.M.
8. DATE OF BIRTH: 9-3-1950
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 4, Days 26 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT-HOME
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): NEOSHO-MO
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: GEORGE-BROWNING
13b. MOTHER'S MAIDEN NAME: CHRISTINE-LEWIS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: George Browning — ADDRESS: Pineville, Mo

MEDICAL CERTIFICATION

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) ACUTE ENTEROCOLITIS — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5710
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 JAN, 1951, *to* 29 JAN, 1951, *that I last saw the deceased alive on* 29 JAN, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Taylor (Degree or title) MD
23b. ADDRESS: Neosho MO
23c. DATE SIGNED: 10 April 51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-31-51
24c. NAME OF CEMETERY OR CREMATORY: UNION
24d. LOCATION (City, town, or county) (State): STELLA-MO

DATE REC'D BY LOCAL REG.: April 10, 1951
REGISTRAR'S SIGNATURE: Melvin C. Bowman 228
25. FUNERAL DIRECTOR'S SIGNATURE: R. M. Humphrey — ADDRESS: Pineville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 451-91

Date Filed 4/16/51

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 H. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.