

No. 300
10.48
FILED-MAY 24 1951
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15452

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Knox	
b. CITY OR TOWN Kirksville	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) Novelty 0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) E. c. (Last) Browning			4. DATE OF DEATH April 23 1951 (Month) (Day) (Year)		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 31 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired farmer	11. BIRTHPLACE (State or foreign country) Adams County, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jasper W. Browning		13b. MOTHER'S MAIDEN NAME Deborah Stockton		14. NAME OF HUSBAND OR WIFE never married	
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 Leo Browning Novelty Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		ANTECEDENT CAUSES			10 min
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Sudden occlusion of superior mesenteric artery by dislocation of atheromatous intimal plaque			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Acute enteritis, gastritis, chronic nephritis, acute myocarditis, hypertrophy of heart, etc.			

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? 5702 YES <input checked="" 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 **4-23-51**, 19____, to **4-23-51**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9 P** m., from the causes and on the date stated above.

23a. SIGNATURE Paul Hanger (Degree or title) D.O.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 5-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/25 1951	24c. NAME OF CEMETERY OR CREMATORY Novelty	24d. LOCATION (City, town, or county) (State) Novelty Missouri		

DATE REC'D BY LOCAL REG. 5-14-51	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Leo Hanger ADDRESS Hurdland Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1013

Date Received: MAY 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-968
Date Filed: MAY 22 1951

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.....
Student Embalmer

Signed *Geo B Casley Jr.*
.....

Licensed Embalmer No. *3755*

P. O. Address *Hurdland 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.