

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43776

State File No. ....

Registrar's No. 57

BIRTH NO. ....		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 4507		Registrar's No. 57					
1. PLACE OF DEATH a. COUNTY <u>Stone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>		1040					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>10</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Don</u> b. (Middle) <u>L.</u> c. (Last) <u>Browning</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 11 1951</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 20-1881</u>					
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>10</u>		11. DAYS <u>21</u>		12. IF UNDER 1 YEAR Hours Min. <u>2</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road</u>				10b. KIND OF BUSINESS OR INDUSTRY							
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co. Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>Monroe Browning</u>				13b. MOTHER'S MAIDEN NAME <u>Ema Kenney</u>							
14. NAME OF HUSBAND OR WIFE											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>							
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Donald Jortney</u>				ADDRESS <u>Crane Mo</u>							
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4201</u>							
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) (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 <u>Aug</u> , 1951, to <u>11 Nov</u> , 1951, that I last saw the deceased alive on <u>3 Nov</u> , 1951, and that death occurred at <u>11:00</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Joseph M. Jortney M.D.</u>				23b. ADDRESS <u>Galena MO</u>		23c. DATE SIGNED <u>11/14/51</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Crane Mo</u>					
DATE REC'D BY LOCAL REG. <u>Nov-27-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Menlove</u>		ADDRESS <u>Crane Mo</u>					

per Donna Murrell (Licensed Embalmer's Statement on Reverse Side)

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

Division of Health - 1116 110.  
District No. 5 - Springfield

Received, DEC 18 1951

Dist. File

Date Filed

DEC 28 1951

JAN 4 1952

### 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, only

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed George H. Manlove

Licensed Embalmer No. 3827

P. O. Address Elm 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.