S. No. 200
v. 10.48

FILED SEP 15 1952

STANDARD CERTIFICATE OF DEATH

State File No. 30529

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6189 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY Taney 1060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rackaway Beach
c. LENGTH OF STAY (In this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Taney 1060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rackaway Beach
d. STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED (Type or Print)
a. (First) Bertha
b. (Middle) Elizabeth
c. (Last) Browning

4. DATE OF DEATH (Month) 9 (Day) 11 (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH Feb. 5, 1885
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months 7 Days 6 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home Maker
11. BIRTHPLACE (City and State or Foreign Country) Lafayette County Ill.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Jeff Kirk
13b. MOTHER'S MAIDEN NAME Ruth Bess
14. NAME OF HUSBAND OR WIFE Delbert Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Mildred Willis, Rackaway Beach

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - (L) Breast -

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) General Metastasis (L) lung
DUE TO (c) Carcinoma -

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 170 x

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Operated - Mayo clinic Feb - 1949 - (Complete resection)
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 Feb - , 1949, to Sept 11, 1952, that I last saw the deceased alive on Sept 11th, 1952, and that death occurred at 12:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE Harry P. Knowles MD (Degree or title)
23b. ADDRESS Rockaway Beach Mo.
23c. DATE SIGNED 9/11/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-13-52
24c. NAME OF CEMETERY OR CREMATORY Cash Memorial Park
24d. LOCATION (City, town, or county) Branson (State) Mo.

DATE REC'D BY LOCAL REG. Sept. 12-1952
REGISTRAR'S SIGNATURE J E Cogburn 376-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS R. O. Whitehead Branson Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 15 1952

SEP 15 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, or by.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Minnie L. Whitchel

Licensed Embalmer No. 2277

P. O. Address Bronson Me

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.