

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033

1. PLACE OF DEATH

a. COUNTY Laclede  
b. CITY OR TOWN Lebanon c. LENGTH OF STAY (in this place) 18 mo  
d. FULL NAME OF HOSPITAL OR INSTITUTION Long nursing home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Pulaski  
c. CITY OR TOWN Richland 0850  
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: a. (First) Marjorie b. (Middle) Browning c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) Feb 24 1953

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept. 25, 1874

9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months 4 Days 29 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 \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Tenn.

12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Rogan

13b. MOTHER'S MAIDEN NAME Maddy Richards

14. NAME OF HUSBAND OR WIFE John Browning

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 Merri Browning Smith ADDRESS 720

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) arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_ rise to the above cause (a) stating the underlying cause last.  
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

(7)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) 4500

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 1-1-1953, to 2-25-1953, that I last saw the deceased alive on 2-25-1953, and that death occurred at 11:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Hanel (Degree or title) M.D.

23b. ADDRESS Lebanon Mo

23c. DATE SIGNED 2-25-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/27/53

24c. NAME OF CEMETERY OR CREMATORY Smith Cem.

24d. LOCATION (City, town, or county) (State) Smith, Mo.

DATE REC'D BY LOCAL REG. 3-9-1953

REGISTRAR'S SIGNATURE Stella L. Way

25. FUNERAL DIRECTOR'S SIGNATURE Howard Funeral Home, Smith Mo ADDRESS \_\_\_\_\_

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

1532  
4

Received MAR 13 1953  
Carroll County Health Unit  
File No. 3-53-46  
Date Filed MAR 17 1953

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 Dorsey M. Howe

Signed.....  
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.