

State File No.

FILED SEP 21 1953

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		No. 4042 Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WINTESVILLE</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FILMORE TWP.</u> d. STREET ADDRESS (If rural, give location) <u>NEAR GLEN ALLEN</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE WASHINGTON BROWNING</u> a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>BROWNING</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9-14-53</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>3-11-1889</u>	
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>6</u>		11. DAYS <u>3</u>		12. IF DEATH IN RES. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>GIBSON CO. TENN.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>WALTER BROWNING</u>				13b. MOTHER'S MAIDEN NAME <u>JENNY NIX</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE BROWNING</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>409-34-7016</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LILLIE BROWNING, GLEN ARDEN, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH			
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) m.		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>9/14</u> <u>1953</u> , to <u>9/14</u> <u>1953</u> that I last saw the deceased alive on <u>9/14</u> <u>1953</u> and that death occurred at <u>245</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Dwyer</u> (Degree or title)				23b. ADDRESS <u>Little Paragie, Caruthersville, Mo.</u>		23c. DATE SIGNED <u>9/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PARAGIE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 15, 53</u>		REGISTRAR'S SIGNATURE <u>Willie Sandlin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.S. SMITH</u>		ADDRESS <u>CARUTHERSVILLE</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

ME

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.