

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14852**

BIRTH NO. _____ REG. DIST. NO. **20** PRIMARY REG. DIST. NO. **5083** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY Bates (Mound Twp)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Butler - Rural		c. CITY OR TOWN Independence	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 weeks		e. STREET ADDRESS (If rural, give location) R. 1. 2 mi North 700'	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 mi North on 31 Hwy			

3. NAME OF DECEASED a. (First) Joe (Type or Print)			b. (Middle) Browning			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June - 2 - 1954			
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan - 30 - 1868			9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and State or Foreign Country) Ky			12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Wm T Browning		13b. MOTHER'S MAIDEN NAME Elizabeth Miller		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) none		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs DR Gilliam Butler Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES				32 HOURS	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension				10 years	
		DUE TO (c) Angina Pectoris				10 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4202				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)		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 **June 1st, 1954**, to **June 2nd, 1954**, that I last saw the deceased alive on **June 1st, 1954**, and that death occurred at **10:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. S. Lantier, M.D.		(Degree or title)		23b. ADDRESS Butler, Missouri		23c. DATE SIGNED June 2 '54	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 5-54		24c. NAME OF CEMETERY OR CREMATORY Leas Summit Leas Summit Mo		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REG. 6-5-54		REGISTRAR'S SIGNATURE Myra Owens		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home		ADDRESS Bluffsprings Mo	
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WRITE PLAINLY--USING UNEADING BLACK INK--MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *R B Webb*.....

Licensed Embalmer No. *2305*.....

P. O. Address *Blue Spring*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.