

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36643

State File No.

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			<u>1124</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1519 South 13th.</u>				d. STREET ADDRESS (If rural, give location) <u>1519 South 13th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Eddie</u>		c. (Last) <u>Browning</u>	
4. DATE OF DEATH		11-8-54		8. DATE OF BIRTH		9. AGE (In years last birthday) <u>69</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		9. AGE (In years last birthday) <u>69</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Wright City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. J. E. Browning</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Woodrow Browning Poplar Bluff 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>Intestinal Obstruction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma Cecum</u> DUE TO (c) _____ 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 <u>3 days</u> <u>5 Mo</u> <u>153 X</u>	
19a. DATE OF OPERATION <u>22 Jun 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Cecum Multiple Metastases</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>8 Jun 1954</u> to <u>8/10</u> , 1954, that I last saw the deceased alive on <u>8 Nov</u> , 1954, and that death occurred at <u>11:59 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Cooper MD</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>15 Nov 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11/18/54</u>		REGISTRAR'S SIGNATURE <u>W. M. Muehle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff</u>			

409-0 (Licensed Embelmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED
NOV 22 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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, on 11-8-54

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Phil Genschel

Licensed Embalmer No. 2936

P. O. Address

Poplar Bluff

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.