

No. 300  
10.48.

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19817

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE Missouri b. COUNTY City of St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Hwy. 67 1/2 S. Bonne Terre, Mo)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION PERRY TWP.		e. STREET ADDRESS (If rural, give location) 1815 7th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Glen b. (Middle) G. c. (Last) Browne			4. DATE OF DEATH (Month) (Day) (Year) June 11, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 9, 1937	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 3 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Iron Mtn., Missouri	
13a. FATHER'S NAME George Browne			13b. MOTHER'S MAIDEN NAME Myrtle Skiles		14. NAME OF HUSBAND OR WIFE Wanda Lee Browne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 500-38-7561		17. INFORMANT'S SIGNATURE AND ADDRESS Wanda Lee Browne St. Louis, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture and multiple injuries		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) coroner jury verdict by reason of an unavoidable accident			
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #67		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Perry St. Francois Co. Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 10, 1955 11:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? by transport truck overturning and deceased.	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruth Miller coroner		23b. ADDRESS Farmington, Mo		23c. DATE SIGNED 6/11/55	
24a. BURIAL/CREMATION REMOVAL (Specify) Burial		24b. DATE 6-13, 1955		24c. NAME OF CEMETERY OR CREMATORY Iron Mtn. Cem.	
24d. LOCATION (City, town, or county) Iron Mtn, Missouri					

DATE REC'D BY LOCAL REG. 6-11-1955		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Shipman & Sons Bismarck, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *John N. Shipman*  
Licensed Embalmer No. 4881

P. O. Address Bismarck, Mi

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.