

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20825

FILED JUN 21 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6157 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Parma Elk Twp.</u>)	c. LENGTH OF STAY (In this place) <u>17 yrs</u>	c. CITY OR TOWN <u>Parma,</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1 Elk Twp. 1020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>S.</u> c. (Last) <u>Browning</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 16, 1889</u>		9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Browning</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>- -</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Browning, Parma, Mo.</u>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac decompensation</u> ANTECEDENT CAUSES <u>Myocardial deficiency</u> DUE TO (b) _____ 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 <u>approx. 1 hr several years</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 6-8-55 19___, to 6-10-55 19___, that I last saw the deceased alive on 6-10-55, 19___, and that death occurred at 4:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Robert E. Keller D.O.</u>		23b. ADDRESS <u>1477 Walnut Dexter, Missouri</u>		23c. DATE SIGNED <u>6-13-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hagy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sto. Dexter, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6/19/55</u>		REGISTRAR'S SIGNATURE <u>Velma J. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins & Sons Parma, Missouri</u>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 1955

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..... *Mersh Watkins*

Licensed Embalmer No..... *127*

P. O. Address..... *Denton*

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.