

FILED NOV 23 1955

STANDARD CERTIFICATE OF DEATH

State File No. 37683

BIRTH NO. _____		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, write RURAL and give town) Perryville		c. LENGTH OF STAY (In this place) 3 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Jackson		d. STREET ADDRESS (If rural, give location) 125 West Mary	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville Memorial H.				4. DATE OF DEATH (Month) (Day) (Year) Nov. 13 1955			
3. NAME OF DECEASED (Type or Print) a. (First) V.		b. (Middle) William		c. (Last) Browning			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 18, 1865	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Owned Farm		11. BIRTHPLACE (State or foreign country) Grayville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Florabelle Dryden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Mrs. Cooper Lape		ADDRESS Jackson, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Multiple injuries; Fractures skull fractures left humerus fractured left hip, fractured left tibia					
DUE TO (c) Left hip, fractured left tibia		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 #61		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jerryville, Perry, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 13 1955 9:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hit by car on highway			
22. I hereby certify that I attended the deceased from <u>13 Nov, 1955</u> , to <u>13 Nov 55</u> , that I last saw the deceased alive on <u>13 Nov, 1955</u> , and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James J. Zedler M.D.				23b. ADDRESS Jerryville Mo		23c. DATE SIGNED 14 Nov 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1955		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Jackson Mo.	
DATE REC'D BY LOCAL REG. 11-17-55		REGISTRAR'S SIGNATURE Joe J. Zedler		25. FUNERAL DIRECTOR'S SIGNATURE H. L. Crawford		ADDRESS Jackson, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 24730

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.