.300
.48

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41306

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5694 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chillicothe Twp.
c. LENGTH OF STAY (in this place) Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 mi n on Hiway #65

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Livingston
c. CITY OR TOWN Chillicothe
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 3 mi n on Hiway #65 0590

3. NAME OF DECEASED (Type or Print)
a. (First) FRANKLIN
b. (Middle) A
c. (Last) BROWNING

4. DATE OF DEATH (Month) Dec (Day) 12 (Year) 55

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH August 23, 1886
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Grundy County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles L. Browning
13b. MOTHER'S MAIDEN NAME Martha Ellen Pridemore
14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elbert Browning Chillicothe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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. 8929

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 46
20. AUTOPSY? YES ☐ NO ☒

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) 059

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 12 55 7 30 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Oil stove burning - no ventilation

22. *I hereby certify that I ~~attended the deceased from~~ _____, 19__, to _____, 19__, that I ~~last saw the deceased alive on~~ Dec 12, 19 55, and that death occurred at 7:30am., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D. (Coroner)
23b. ADDRESS Chillicothe, Mo
23c. DATE SIGNED Dec 12-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 14 '55
24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery
24d. LOCATION (City, town, or county) (State) LINN COunty Missouri

DATE REC'D BY LOCAL REG. Dec/12/55
REGISTRAR'S SIGNATURE Francis B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME Chillicothe, Mo.

(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 eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton F. Norman.....

Licensed Embalmer No. 405

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.