

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 12327
 State File No.

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4041</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glen Allen Rt. 1</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY OR TOWN <u>GLEN ALLEN</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				e. STREET ADDRESS (If rural, give location) <u>Rt 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LILLIE</u>		b. (Middle) <u>Norris</u>		c. (Last) <u>BROWNING</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4 28-56</u>		5. SEX <u>F. m.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 17 1887</u>		9. AGE (In years last birthday) <u>68</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <u>DECATURVILLE, TENN.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Duke N. Blackwell</u>		13b. MOTHER'S MAIDEN NAME <u>LUCINDA GATES</u>		14. NAME OF HUSBAND OR WIFE <u>George W. Browning</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>413-072842</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. D. B. Blackwell - Glen Allen 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* <u>Cardiovascular compensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Carcinomatous</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>2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/22</u> , 19 <u>56</u> to <u>4/28</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4/27</u> , 19 <u>56</u> , and that death occurred at <u>6:20 P.</u> M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Myers</u>		23b. ADDRESS <u>2012 Lutesville Mo</u>		23c. DATE SIGNED <u>5/1/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little prairie Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-1-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn Ward, Lutesville Mo</u>			

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 38

P. O. Address Cape Girardeau

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