FILED DEC 24 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42045

Registration District No. 175 Primary Registration District No. 4277 Registrar's No. 113

1. PLACE OF DEATH

a. COUNTY: Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Verona, Mo. — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: City of Verona — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Lawrence

c. CITY OR TOWN: Verona, Mo. — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Herbert Middle: A. Last: Browning

4. DATE OF DEATH: Month: Dec. Day: 12 Year: 1956

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 7-1898

9. AGE (In years last birthday): 58 — 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): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Lawrence County

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Monroe Browning

14. MOTHER'S MAIDEN NAME: Lydis Berry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.:

17. INFORMANT: Verba Browning — Address: Verona Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-10-56 to 12-12-56 and last saw her/him alive on 12-12-56. Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. E. Edwards M.D.

22b. ADDRESS: Monett, Mo.

22c. DATE SIGNED: 12-13-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12/14/56

23c. NAME OF CEMETERY OR CREMATORY: Springriver

23d. LOCATION (City, town, or county) (State): Verona Mo.

24. FUNERAL DIRECTOR: Oscar L. Marsh — ADDRESS: Aurora, Mo

25. DATE RECD. BY LOCAL REG.: 12-18-56

26. REGISTRAR'S SIGNATURE: Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Oscar L. Marsh

Licensed Embalmer No. 381

P. O. Address Aurora

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.