

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13015

State File No.

FILED APR 25 1957

1569

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1569</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 year</u>		c. CITY OR TOWN <u>Mission</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>Bennett-Manor Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>5837 Riggs</u> <u>8150</u> <u>8</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GOLDEN</u> b. (Middle) <u>MAY</u> c. (Last) <u>BROWNING</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1957</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 4, 1887</u>		9. AGE (In years last birthday) <u>69</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Murrayville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Geo. F. Sanders</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Belle Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Browning</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Browning Mission, Kansas</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis of the heart disease</u> 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 disease or condition causing death. <u>Coronary Atherosclerosis & Sclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10/4/57</u> <u>420'</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, warehouse, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>				
22. I hereby certify that I attended the deceased from <u>10/4/56</u> , to <u>4/3/57</u> , that I last saw the deceased alive on <u>4/3</u> , 19 <u>57</u> , and that death occurred at <u>12:35 pm</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>C. G. Leitch</u> (Degree or title) D				23b. ADDRESS <u>1010 Pine St. Mo.</u>		23c. DATE SIGNED <u>4/4/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery Shawnee, Kansas</u>		24d. LOCATION (City, town, or county) <u> </u>			
DATE REC'D BY LOCAL REG <u>4-4-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Paul Amos Shawnee, Kansas</u>				

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 embalmed

by me, or by, Student Embalmer No.

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
E. Paul Amos
E. Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kansas

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.