

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033767

STATE FILE NUMBER

FILED OCT 15 1958

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 145

300
1-57

1. PLACE OF DEATH a. COUNTY PIKE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		Length of stay in 1b	d. STREET ADDRESS 321 NEBRASKA ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle H. Last BROWNING			4. DATE OF DEATH OCT. 10, 1958 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR <input checked="" type="checkbox"/> OR <input type="checkbox"/>	8. DATE OF BIRTH OCT. 10, 1886	9. AGE (In years last birthday) 72	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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) GREEN CO. ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GEORGE T. BROWNING		13b. MOTHER'S MAIDEN NAME FANNIE Holbert	
14. NAME OF HUSBAND OR WIFE KATHERINE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490 05 3750	
17. INFORMANT MRS. MARGARET WILLIAMSON,		Address LOUISIANA		MISSOURI	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardio vascular disease					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) 443X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		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 1952 to 10/10/58 and last saw her alive on 10/9/58 Death occurred at 2:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Chas H. Swiller</i> (Degree or title) M.D.			22b. ADDRESS LOUISIANA, MO.		22c. DATE SIGNED 10/13/58
23a. BURIAL, CREMATION, REMOVING (Specify) BURIAL		23b. DATE OCT. 13, 1958		23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY	
23d. LOCATION (City, town, or country) LOUISIANA, MO.		(State)			
24. FUNERAL DIRECTOR <i>George O. Payne</i>		ADDRESS LOUISIANA, MO.		25. DATE RECD. BY LOCAL REG. OCT 13 1958	
26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

See reverse, whenever necessary, for instructions. All diseases in Part I must be causally related. No symptoms will be listed.

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 *George O. Wagner*

Licensed Embalmer No. *3773*

P. O. Address *Louisiana*

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.