

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS JAN 19 1960

=60-000892  
 STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c. CITY OR TOWN <u>Senath</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Benjamin Thomas Browning</u>			4. DATE OF DEATH Month Day Year <u>January 9, 1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/26/1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days <u>2 13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>

13a. FATHER'S NAME <u>Robert Browning</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Caneer</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Browning</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-03-9235</u>		17. INFORMANT <u>Mrs. Ruth Browning, Senath, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>one month</u>
IMMEDIATE CAUSE (a) <u>Uremia</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>Arterio Sclerotic Heart Disease</u>			<u>Unknown</u>
DUE TO (c) <u>Comp. Heart Failure</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 <u>Senath</u>	COUNTY <u>Mo.</u>	STATE
21. I attended the deceased from <u>June 1957</u> to <u>Jan 8 1960</u> and last saw her/him alive on <u>Jan 8, 1960</u> Death occurred at <u>2 1/2 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Charles N. Meunier, M.D.</u> (Degree or title)		22b. ADDRESS <u>Senath, Mo.</u>		22c. DATE SIGNED <u>1-12-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/10/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>		23d. LOCATION (City, town, or county) (State) <u>Senath Mo.</u>

24. FUNERAL DIRECTOR <u>McDaniel Funeral Service, Senath</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 15-1960</u>	26. REGISTRAR'S SIGNATURE <u>Paul Stueckard</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

(Licensed Embalmers' Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

JAN 20 1950

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 O. L. Isbell

Licensed Embalmer No. 4970

P. O. Address Smith, Md.

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.