

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-038050

AMENDED

Registration District No.

290

Primary Registration District No.

Registrar's No.

127

STATE FILE NUMBER

FILED NOV 8 1961

1. PLACE OF DEATH

a. COUNTY Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WaynesvilleLength of stay in 1b
--c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION Pulaski County HospInside Limits
Yes ☒ No ☐

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

a. STATE Missouri b. COUNTY Pulaski

c. CITY OR TOWN Richland

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
-----Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Cecil

Middle Irene

Last Browning

4. DATE OF DEATH

Month Nov

Day 3

Year 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Oct 30 1895

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Domestic11. BIRTHPLACE (City and state or country)
St Joseph Mo12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Finley Robert Simmons

13b. MOTHER'S MAIDEN NAME

Rose Adams

14. NAME OF HUSBAND OR WIFE

Cecil H. Browning

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

491 38 9196

17. INFORMANT

C H Browning Richland, 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)

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

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

6 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a))

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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

June - 61 to Nov 3 - 61

5:55 PM

and last saw her alive on Nov 3 - 61

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DO

22b. ADDRESS

Richland, Missouri

22c. DATE SIGNED

11/4/61

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

23b. DATE

11/5/61

23c. NAME OF CEMETERY OR CREMATORY

Oaklawn Cemetery

23d. LOCATION (City, town, or county)

Richland, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Moss-Williams Funeral Homes Richland Mo 11-4361

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Cula P. Anderson

(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. _____

P. O. Address _____

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.