

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039667
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5502 Registrar's No. 265

FILED OCT 21 1963	
1. PLACE OF DEATH	
a. COUNTY Henry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) Bear Creek Township	a. STATE Mo. b. COUNTY Henry
OR TOWN Bear Creek Township	c. CITY OR TOWN Montrose
Length of stay in lb 4 Yrs.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R #1, Montrose, Rural	d. STREET ADDRESS (If outside, give location) R #1.
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Clyde	Middle Lee
Last Browning	4. DATE OF DEATH
Clyde Lee Browning	
Month Day Year Oct. 16, 1963	
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar. 12, 1890
9. AGE (last birthday) 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coast Guard
IF UNDER 1 YEAR Month 7 Days 4	IF UNDER 24 HR Hours 4 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coast Guard	10b. KIND OF BUSINESS OR INDUSTRY Sweet Water, Texas
11. BIRTHPLACE (City and state or country) Sweet Water, Texas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Clifton S. Browning	13b. MOTHER'S MAIDEN NAME Frances Ellen Ogan
14. NAME OF HUSBAND OR WIFE -	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I
16. SOCIAL SECURITY NO. 544 22 4960 A	17. INFORMANT Ernest S. Browning, Clinton, Mo.
Address Box 173	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) CORONARY OCCLUSION	INTERVAL BETWEEN ONSET AND DEATH SHRDLAN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
	DUE TO (c) CITRONI
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 COUNTY STATE	
21. I attended the deceased from Jan 1963 to now and last saw ^{him} alive on MAR 1963	
Death occurred at DOA on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) R. A. Brownsberger MD	22b. ADDRESS Appleton City, Mo.
22c. DATE SIGNED Oct 17 1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 18, 1963
23c. NAME OF CEMETERY OR CREMATORY Tears Chapel Cemetery	23d. LOCATION (City, town, or county) (State) Montrose, Mo. Rural
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. OCT. 17, 1963
26. REGISTRAR'S SIGNATURE Midred Bigum	

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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DEC 12 1963

OCT 22 1963

OCT 25 1963

10-1-63
No. 1

Permit Obtained 10-14-63

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 J. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.

(M 2)