

FILED AUG 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27350

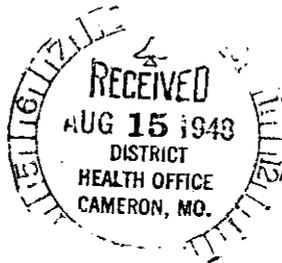
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 4300 Registrar's No. 20

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  | d. STREET ADDRESS (If rural, give location) <u>none</u>  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Leland</u>  |  | b. (Middle) <u>Lyle</u> c. (Last) <u>Brown</u>   |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 6 1949</u>  |  | 5. SEX <u>Male</u>   |  |
| 6. COLOR OR RACE <u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   |  |
| 8. DATE OF BIRTH <u>Nov 30 1905</u>  |  | 9. AGE (In years last birthday) <u>44</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u> IF UNDER 2 HRS. Hours _____ Min. _____   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>   |  |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Ethra Brown</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Cora Browning</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>none</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____   |  |
| 16. SOCIAL SECURITY NO. <u>497-145412</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.C. Fields, Brookfield Mo.</u> ADDRESS _____   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Thoracic myofibrosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u><br><u>420)</u><br><u>with infarct</u>  |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |
| 20. AUTOPSY? 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, street, office bldg., etc.) _____   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR? _____   |  | 22. I hereby certify that I attended the deceased from <u>Aug 6, 1949</u> , to <u>Aug 6, 1949</u> , that I last saw the deceased alive on <u>Aug 6, 1949</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE (Degree or title) <u>John R. Dyer, M.D.</u>   |  | 23b. ADDRESS <u>Brookfield Mo</u>  |  |
| 23c. DATE SIGNED <u>8-9-49</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  |
| 24b. DATE <u>8-9-49</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Trilong Cemetery</u>   |  |
| 24d. LOCATION (City, town, or county) (State) <u>Browning, Missouri</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home, Laclede Mo.</u> ADDRESS _____   |  |
| DATE REC'D BY LOCAL REG. <u>Aug 9-1949</u>   |  | REGISTRAR'S SIGNATURE <u>Chris A. Martens</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)



0311 1943

**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 .....  
Student Embalmer

Signed W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Laclede, Missouri

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 this body is not embalmed, fact should be so stated above.