

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25921

State File No. _____

AUG 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5983</u>		Registrar's No. <u>88</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winnepeg, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Leamon</u>		b. (Middle) <u>Douglas</u>		c. (Last) <u>Brown</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 29, 1921</u>	
9. AGE (In years last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Bloodland, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Smith Brown</u>		13b. MOTHER'S MAIDEN NAME <u>Polley Ann Gan</u>		14. NAME OF HUSBAND OR WIFE <u>Fern Roam</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Warll</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fern Brown</u>		ADDRESS <u>Winnepeg, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>E9298</u> <u>42</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE SIGNED <u>July 30/53</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Addident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Gasconade River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Waynesville, Mo Rural</u> (STATE) <u>Pulaski, MO</u>		21f. HOW DID INJURY OCCUR? <u>Drowning</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July/29/53 5:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased <u>from</u> <u>on July 29, 1953</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00 P.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Billy G. Hedger</u> <u>Coroner</u>				23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>July 30/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>August 1/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Buckhorn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Buckhorn, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-30-53</u>		REGISTRAR'S SIGNATURE <u>Walter F. Hedger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter F. Hedger</u> ADDRESS <u>Hedger Funeral Home Waynesville, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED 7-30-53
Pulaski County Health Officer
File Number
Date Filed 8-1-53

AUG 5 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Clarence F. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address *Waynesville, 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 this body is not embalmed, fact should be so stated above.