FD	VS NOV 3 0 19	جم م	. 11			210	_		EHI		STATE	FILE NUA	IRED
Ī_	Registration District No.	<u> </u>	Pris	mary Registrati	on District No	. 3 [2]	ORegistre	r's No	3_11_		SIAIL		
-1 -	1. PLACE OF DEATH					1	2. USUAL R	ESIDENC	E (Where de	ceased live	d. If ins	titution: R	esidence befo
1	a. COUNTY						a. STATE	Mo.	ь. (OUNTY E	Roome	<u>خ</u>	admission)
l –	Bone b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b						c. CITY	110					Inside Limits
	OR						OR TOWN	α.	7 7- 4	_		- 1	
_	TOWN Columbia Life								lumbi				Yes No
	c. FULL NAME OF (IF HOSPITAL OR	NOT in hos	spital, give loca	ation)		side Limits	d. STREET ADDRES		. (lf cutside, ç	give locati	ion)	Reside on Far
	HOSPITAL OR INSTITUTION 4	mile	s nort	h of C	ol. Yes	□ No □X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		iles	North	ı Col	_	Yes [X] No [
_	_												
	 NAME OF DECEASED (Type or print) 		First		Middle		Last		4. DATE OF	Мог		Day	Year
		·	Leonid	ias	Brown	. A:	nderto	n	DEATH	ΝC	v.	21	1959
_	5. \$EX	6. COLO	R OR RACE	7. Married	Never	Married [8. DATE OF	BIRTH	9. AGE (las	t birthday)	IF UNDE	R 1 YEAR	IF UNDER 24
	Male	Whi	`+ o	Widowed	, <u> </u>	Divorced 🔲	2/20/	76	83		Months	Days	Hours M
7	10a. USUAL OCCUPATION			JOH KIND O	E RIISINIESS	OP INDUSTRY	11. BIRTHPE		V and alain	or country)	12 CIT	IZEN OE W	HAT COUNTR
•	during most of working												
_	Laborer					ollege		oone		ty, 1		USA	<u> </u>
1	3a. FATHER'S NAME			13ь.	MOTHER'S M	AIDEN NAME			14.	NAME OF F	IUSBAND	OR WIFE	
	_ Jefferson	n And	erton	A	bie M	icGee			J	essid	e Ire	ene A	nderto
1	5. WAS DECEASED EVER	IN U.S. AF	RMED FORCES?		SOCIAL SEC		17. INFORMA	NT			Address		
(Yes, no, or unknown) (If	yes, give w	var or dates of	service)		}	70.5		1 .		4-3		- 7/10
_	no L							A116	ert S	ידיז אותו	เลกเ	1 1 1 1 1 1 1 1 1	.a. Mo.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY:						Mrs.		/CI U ~	TILCO I			
	18. CAUSE OF DEATH	(Enter only	one cause per AS CAUSED BY	l r line for (a), (t ':	o), and (c).	1	Mrs.	1200		mesa a	•••	INT	RVAL BETWE
	18. CAUSE OF DEATH				p), and (c).		Seles		<u> </u>	ines i	•	INT	
	18. CAUSE OF DEATH PART I.		one cause per AS CAUSED BY		o), and (c).	احظ	Seler	نام	<u></u>	MICOL I		INT	RVAL BETWE
		IMMED	IATE CAUSE (a	a)	o), and (c).		Seles	a l	<u> </u>			INT	RVAL BETWE
	Conditio	IMMED		a)	a), and (c).		Schr	al V	Dec.	eal	L	INT	RVAL BETWE
	Condition which grabove of	IMMED ons, if any, lave rise to cause (a),	IATE CAUSE (a	a)	a), and (c).		Seler Ven	ali	ou.	ial	L	INT	RVAL BETWE
	Conditio which g above stating	IMMED	DUE TO (1	b)	a), and (c).		Seler	al h	ou.	ial	L	INT	RVAL BETWE
ž	Conditio which g above c stating t lying c	ins, if any, lave rise to cause (a), the under-lause last.	DUE TO (I	(c)	unda	G TO DEATH	Seler Vuen	al)	Die	L al	L	INTI ON:	ERVÁL BETWE SET AND DEAT
TION	Conditio which g above c stating t lying c	ins, if any, lave rise to cause (a), the under-lause last.	DUE TO (I	(c)	unda	G TO DEATH	Seler Vuen	al)	Die	iai	L. If de	INTI ON:	ERVÁL BETWE SET AND DEAT
ICATION	Conditio which g above c stating t lying c	ins, if any, lave rise to cause (a), the under-lause last.	DUE TO (I	(c)	unda	G TO DEATH	Seler Vuen	al)	Die	iai	L. If de	inti On:	RVAL BETWEE SET AND DEAT
THEATION	Condition which go above stating in lying company in the company in the company in the condition which is above to the company in the company	ins, if any, lave rise to cause (a), the under-lause last.	DUE TO (I DUE TO (I DUE TO (I GNIFICANT Condition given	b) (c) CONDITIONS C in PART I (a)	CONTRIBUTION		Seler Vuen	ted to f	Dec.	E a d	III. If de there	on:	AND DEATH
	Condition which graphs above stating lying compared in the part in	IMMED ons, If any, lave rise to cause (a), the under- cause last. OTHER S disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C pondition given	b) (c) CONDITIONS C in PART I (a)	CONTRIBUTION		Seler Veen	ted to f	Dec.	E a d	III. If de there	on:	AND DEATH
	Condition which graphs above stating lying compared in the control of the control	IMMED ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT Condition given	b) (c) CONDITIONS C in PART I (a)	CONTRIBUTION		Seler Veen	ted to f	Dec.	E a d	III. If de there	on:	AND DEATH
	Condition which go above stating lying compared in the condition of the condition which go above stating lying compared in the condition of the condition which go above stating above s	IMMED ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C CONDITION given	b) (c) CONDITIONS C in PART I (a)	CONTRIBUTION		Seler Veen	ted to f	Dec.	E a d	III. If de there	on:	AND DEATH
	Condition which graphs above stating lying compared to the performed perform	IMMED ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT Condition given	b) (c) CONDITIONS C in PART I (a)	CONTRIBUTION		Seler Veen	ted to f	Dec.	E a d	III. If de there	on:	AND DEATH
	Condition which graphs above stating lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO IX. 20c. TIME OF HOUT INJURY a.m	IMMED ons, if any, lave rise to cause (a), the undersuse last. OTHER Sidisease co	DUE TO (I DUE TO (I GNIFICANT Condition given DENT SUICID Day, Year	b) (c) CONDITIONS C in PART I (a) DE HOMICID	CONTRIBUTION E 20b. D	ESCRIBE HOV	Seler Veen	ted to ti	he terminal	E a d	III. If de there	ceased va pregnand	AND DEATH
	Condition which graphs above stating lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO IX. 20c. TIME OF HOUT INJURY a.m	IMMED ons, if any, lave rise to cause (a), the undersuse last. OTHER Sidisease co	DUE TO (I DUE TO (I GNIFICANT Condition given DENT SUICID Day, Year	b)	CONTRIBUTION E 20b. D	ESCRIBE HOV	Selen VILLEN JUNIO CELA	ted to ti	he terminal	E a d	III. If de there	ceased va pregnand	As female by in last 90 co.
	Condition which go above stating lying of PART II. 19. WAS AUTOPSY PERFORMED? YES NO UK 20c. TIME OF Hour INJURY a.m. p.m.	IMMED ons, if any, lave rise to cause (a), the undersuse last. OTHER Sidisease co	DUE TO (I DUE TO (I GNIFICANT Condition given DENT SUICID Day, Year	b) (c) CONDITIONS C in PART I (a) DE HOMICID	CONTRIBUTION E 20b. D	etc.)	Selen Vices I but not rela VINJURY OCC	URRED. (he terminal Enter nature	PART I	III. If de there	ceased va pregnand	As female by in last 90 co.
MEDICAL CERTIFICATION	Condition which graphs above stating lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO IX. 20c. TIME OF HOUT INJURY a.m	IMMED ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease co	DUE TO (I DUE TO (I IGNIFICANT Condition given DENT SUICID Day, Year 20e. PLACE farm, 1	b) (c) CONDITIONS C in PART I (a) DE HOMICID	CONTRIBUTION E 20b. D	etc.)	Selen Vices I but not rela VINJURY OCC	URRED. (he terminal Enter nature	PART I	III. If de there	ceased va pregnand	As female by in last 90 co.
	Condition which graphs above stating lying compared to the part of	IMMED Ons, If any, lave rise to cause (a), the under-rause last. OTHER SI disease co	DUE TO (I DUE TO (I IGNIFICANT Condition given DENT SUICID Day, Year 20e. PLACE farm, 1	b) (c) CONDITIONS C in PART I (a) DE HOMICID	CONTRIBUTION E 20b. D	out home, 20	Selen VILLE VINJURY OCC Of. CITY, TOW	URRED. (he terminal Enter nature OCATION	PART I	III. If de there Yes	ccessed v a pregnand N PART II c	STATE
	Condition which graphs above stating lying compared to the period of the	IMMED Ons, If any, lave rise to cause (a), the under-rause last. OTHER SI disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C ONDITION GIVEN DENT SUICID Day, Year 20e. PLACE form, I	conditions of in PART I (a) DE HOMICID TOF INJURY (e factory, street,	CONTRIBUTION E 20b. D	put home, 20 etc.)	Selection of the stated at the stated at	URRED. (he terminal Enter nature OCATION	PART I	III. If de there Yes	oceased was pregnence in No.	AND DEATH AND DE
	Condition which graphs above stating lying compared to the part of	IMMED Ons, If any, lave rise to cause (a), the under-rause last. OTHER SI disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C ONDITION GIVEN DENT SUICID Day, Year 20e. PLACE form, I	b) (c) CONDITIONS C in PART I (a) DE HOMICID	CONTRIBUTION E 20b. D	put home, 20 etc.)	Selen VILLE VINJURY OCC Of. CITY, TOW	URRED. (he terminal Enter nature OCATION	PART I	III. If de there Yes	oceased was pregnence in No.	STATE
	Condition which graphs above stating lying compared to the period of the	IMMED Ons, If any, lave rise to cause (a), the under-rause last. OTHER SI disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C ONDITION GIVEN DENT SUICID Day, Year 20e. PLACE form, I	conditions of in PART I (a) DE HOMICID TOF INJURY (e factory, street,	CONTRIBUTION E 20b. D	put home, 20 etc.)	Selection of the stated at the stated at	URRED. (he terminal Enter nature OCATION	PART I	III. If de there Yes	oceased was pregnence in No.	AND DEATH AND DE
MEDICAL	Condition which graphs above stating lying compared to the period of the	IMMED ons, if any, lave rise to cause (a), the understand last. OTHER SI disease co 20a. ACCID Month,	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C Ondition given Day, Year Zoe. PLACE farm, (I	conditions of in PART I (a) E OF INJURY (a factory, street,	CONTRIBUTION E 20b. D O.g., in or abooffice bidg.,	put home, 20 etc.)	but not rela V INJURY OCC Of. CITY, TOW date stated at 22b. ADDRESS	URRED. (he terminal Enter nature OCATION ast saw her him to the best	PART I	COUNT COUNT COUNT	oceased was pregnence in No.	AND DEATH AND DE
MEDICAL	Condition which graphs above stating string	IMMED Ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease co	DUE TO (I DUE TO (I IGNIFICANT Condition given Day, Year Zoe. PLACE farm, (Dec	CONDITIONS Con PART I (a) E OF INJURY (e factory, street,	CONTRIBUTION E 20b. D Og., in or ebc office bldg.,	out home, 20 etc.) m on the left of Creater	Delar July Not relar V INJURY OCC Of. CITY, TOW Of. CITY, TOW date stated at 22b. ADDRESS	URRED. (ne terminal Enter nature OCATION est saw him to the best	PART I	COUNT COUNT COUNT COUNT COUNT COUNT COUNT COUNT COUNT	oceased was pregnance in No.	AND DEATH AND DE
MEDICAL	Condition which graphs above stating lying compared to the period of the	IMMED ons, if any, lave rise to cause (a), the understand last. OTHER SI disease co 20a. ACCID Month,	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C pondition given Day, Year Zoe. PLACE farm, (Dec	CONDITIONS Con PART I (a) E HOMICID FOR INJURY (e factory, street, gree or title) 23c. NAM	CONTRIBUTION E 20b. D Og., in or ebc office bldg.,	out home, 20 etc.) m on the lery Or CREA	Delar July Of. CITY, TOW date stated at 22b. ADDRESS AATORY k. Ceme	URRED. (DOCATION est saw him to the best LOCATION	PART I	COUNT CO	precessed was pregnant on the cause of the c	AND DEATH AND DE
WEDICAL	Condition which graphs above stating string	IMMED Ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease co	DUE TO (I DUE TO (I DUE TO (I IGNIFICANT C pondition given Day, Year Zoe. PLACE farm, (Dec	CONDITIONS Con PART I (a) E OF INJURY (e factory, street,	CONTRIBUTION E 20b. D Og., in or ebc office bldg.,	put home, 21 m on the Par 25. DATE	but not rela VINJURY OCC Of. CITY, TOW ATORY ACTORY RECD. BY LOC	URRED. (DOCATION est saw him to the best LOCATION	PART I	COUNT CO	precessed was pregnant on the cau	AND DEATH AND DE
MEDICAL	Condition which graphs above stating lying compared to the period of the	IMMED Ons, If any, lave rise to cause (a), the under-lause last. OTHER S disease colored with the colored last. Month, ED Coased from	DUE TO (I DUE TO (I IGNIFICANT Condition given Day, Year Day, Year 20e. PLACE farm, I (Dec. 22/10	CONDITIONS Con PART I (a) E HOMICID FOR INJURY (e factory, street, gree or title) GRESS MODRESS	CONTRIBUTION E 20b. D O.g., in or abooffice bidg., C-9, to	out home, 20 etc.) m on the lery Or CREA	but not rela VINJURY OCC Of. CITY, TOW ATORY ACTORY RECD. BY LOC	URRED. (DOCATION est saw him to the best LOCATION	PART I	COUNT CO	precessed was pregnant on the cau	AND DEATH AND DE

stante shark.

とらり さばん (4)。

CTATEMENT BY HICENCED EMBALMES

I hereby certify that the body whose n	ame is recorded on the reverse	side of this certificate was embalmed by
ac-by		, Student Embalmer No
working under my personal supervision.		
Student	Signed 27m	an Spunkle
Signature of Student Embalmer		1/2/2
		Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comwith 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.