

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

16 = 60-022794

Registration District No. 119 Primary Registration District No. Registrar's No. STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived prior to institution: Residence before death) a. STATE MO b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GASCONADE		c. CITY OR TOWN GASCONADE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 184RS		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) LEYDEN VIVIAN BROWN		4. DATE OF DEATH Month JUNE Day 15 Year 1960	
5. SEX MALE	6. COLOR OR RACE CAU.	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 2/29/1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS	
11. BIRTHPLACE (City and state or country) NEAR VIENNA, MO		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME MACUS BROWN		13b. MOTHER'S MAIDEN NAME ADELIA GEISER	
14. NAME OF HUSBAND OR WIFE ALBERTA MAY BROWN		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. 493-16-2700		17. INFORMANT MRS. K.V. BROWN	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (Found dead in Bed) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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. ☐ Yes ☐ No ☐ Unknown	
19. 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 GASCONADE STATE MO	
21. I attended the deceased from ☒ to ☒ and last saw her alive on ☒ Death occurred at ABOUT 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE HUGO H. BLUMER (Degree or title) CORONER		22b. ADDRESS HERMANN MO	
22c. DATE SIGNED 6/15/1960		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 6/20/1960		23c. NAME OF CEMETERY OR CREMATORY GASCONADE CEMETERY	
23d. LOCATION (City, town, or county) GASCONADE		23e. STATE MO	
24. FUNERAL DIRECTOR HUGO H. BLUMER		25. DATE RECD. BY LOCAL REG. 6-16-60	
26. REGISTRAR'S SIGNATURE Delma Uffelman			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 23 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles H. Pope

Licensed Embalmer No. 2557

P. O. Address Herrmann

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.