

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22622

FILED JUL 25 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 789

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp. 17</u>		d. STREET ADDRESS (If rural, give location) <u>3220 Locust Street</u> <u>7</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Shirley</u>	b. (Middle)	c. (Last) <u>Leslie</u>	Date (Month) (Day) (Year) <u>July 11, 1949</u>		<u>U</u>

5. SEX <u>male</u> <u>D</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 22, 1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>blacksmith-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B. &amp; G.</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo. 17</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Thomas A. Leslie</u>	13b. MOTHER'S MAIDEN NAME <u>Mary A. Curtis</u>	14. NAME OF HUSBAND OR WIFE <u>Adelia Leslie</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Adelia Leslie</u>	ADDRESS <u>St. Joseph, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulated right inguinal hernia 4 days</u>		DUE TO (b) <u>Oedema of the lungs</u>		<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Coronary Sclerosis</u>		<u>(unknown)</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5600</u>

19a. DATE OF OPERATION <u>7-14-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Strangulated omentum.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 10, 1949, to July 17, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo. 404 So 3d St</u>	23c. DATE SIGNED <u>7/13/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>7/14/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 18, 1949</u>	REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Brunner Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 1949

**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 James B. Hawkins

Licensed Embalmer No. 4535

P. O. Address 319 S. 10<sup>th</sup> St. J.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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