

FILED AUG 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

272333

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>4244</u>		Registrar's No. <u>139</u>		
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carterville</u>		c. LENGTH OF STAY (in this place) <u>57 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carterville</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 North Kentucky</u>				d. STREET ADDRESS (If rural, give location) <u>502 North Kentucky</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Faribee</u>			b. (Middle) <u>Leslie</u>		c. (Last) <u>Leslie</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1949</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 27, 1865</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u>13</u> Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Rial Rich</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Burchett</u>			14. NAME OF HUSBAND OR WIFE <u>John Leslie (dec)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Leslie Carterville, Mo.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Fibro myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Mucous Colitis</u>					<u>4222</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>June 15, 1948</u> , to <u>Aug. 10, 1949</u> , that I last saw the deceased alive on <u>Aug 9, 1949</u> , and that death occurred at <u>7:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. M. Stormont M.D.</u>				23b. ADDRESS <u>Webb City, Mo.</u>		23c. DATE SIGNED <u>Aug 12/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>AUG. 12, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Hodge-Lewis Funeral Home Webb City Mo.</u>		

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

44
#10

RECEIVED 8-16-49
Jasper County Health Office

County File Number 19-8-618
Date Filed 8-17-49

Auto...

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 *Leonard J. Lewis, Jr.*

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.