

FILED JUN 20 1951

STANDARD CERTIFICATE OF DEATH

State File No.

19773

BIRTH NO. 6-11-51 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5337 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>POLK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PILGRIM</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON</u>	
c. LENGTH OF STAY (in this place) <u>2 WKS</u>		d. STREET ADDRESS (If rural, give location) <u>ALDRICH RD 1 0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVERTON PAI</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESS</u> b. (Middle) <u>LEOPER</u> c. (Last) <u>LEOPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7, 1951</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>August 11, 1895</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>26</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JESS LEOPER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA CRAWFORD</u>		14. NAME OF HUSBAND OR WIFE <u>JESSIE LEOPER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NOT AVAILABLE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LEONARD LEOPER ALDRICH, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Lymphosarcoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2001</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 Wks.</u> <u>3 yrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Biopsy report from Mo. State Cancer Hosp. Columbia, Mo</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Aug, 1944, to 6-7, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James F. Metz</u> (Degree or title) <u>do.</u>		23b. ADDRESS <u>Ash Grove, Mo</u>		23c. DATE SIGNED <u>6-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>POLK Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-11-51</u>		REGISTRAR'S SIGNATURE <u>Geo L. Weir</u> 79	
FUNERAL DIRECTOR'S SIGNATURE <u>PRIM FUNERAL SERVICE</u>		ADDRESS <u>NALNUT GROVE, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48290
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

JUN 18 1951

Dist. File

Date Filed

JUN 18 1951

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED JUN 18 1951

Dist. File 651-1251

Date Filed 6-18-51

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 Warren D. Noble

Licensed Embalmer No. 4005

P. O. Address Ch. Grove 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.