R. No. 300
V. 10.48

FILED MAY 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11873

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 169

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1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kiksville
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grimm Smith Hospt

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LABELLE
d. STREET ADDRESS (If rural, give location):

0560
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3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): MAY
c. (Last): LESLIE

4. DATE OF DEATH (Month) (Day) (Year): MAY 4 1952

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 20, 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 2 Days 14 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LABELLE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas Gregory
13b. MOTHER'S MAIDEN NAME: NANCY
14. NAME OF HUSBAND OR WIFE: Ollie Albert Leslie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Clyde A. Leslie — ADDRESS: LaBelle Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis of abdomen — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of ovary — 6-8 mo (?)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 175 x

19a. DATE OF OPERATION: April 1952
19b. MAJOR FINDINGS OF OPERATION: Surgery done at Quincy Illinois reported Ca of Ovary
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 20, 1952, *to* May 4, 1952, *that I last saw the deceased alive on* May 4, 1952, *and that death occurred at* 2:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Grimm MDO
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 5-5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6-1952
24c. NAME OF CEMETERY OR CREMATORY: LaBelle
24d. LOCATION (City, town, or county) (State): LaBelle Mo

DATE REC'D BY LOCAL REG.: May 6-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: J. Koder Jr — ADDRESS: LaBelle Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1952

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 Myself

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed J. H. Coder Jr.

Licensed Embalmer No. 4328

P. O. Address LaBelle, 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.