

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. PARKS 20133  
State File No. ....

FILED JUL 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 6396

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b> <u>0396</u>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b> <u>0</u>	
c. LENGTH OF STAY (in this place) <b>30 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>915 E. ELM</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN HOSP.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>NELL</b>	b. (Middle)	c. (Last) <b>LESLIE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 27 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>OCT. 13 1892</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SCHOOL TEACHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (State or foreign country) <b>CRAIG NEBRASKA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>W.B. LESLIE</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA NORMAN</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. J.L. THEBES</b>	ADDRESS <b>PACIFIC, MISSOURI</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute nephritis with uremia</b>		<b>3 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cholecystitis + Cholelithiasis</b> DUE TO (c) _____		<b>4 wks</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>584x</b>			

19a. DATE OF OPERATION <b>5-26-52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cholecystitis Cholelithiasis Cholelithiasis</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 May 20, 1952, to June 27, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.D. Duncan</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>6-28-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PACIFIC CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PACIFIC, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6-30-52</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. Lohmeyer</b>	ADDRESS <b>Springfield, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
V. 10-48

0396

AUG 22 1952

AUG 6 1952

JUL 31 1957

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Walter E. Hamillan*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, MISSOURI

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.