

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6100

State File No. 343

No. 300
10-48

FILED FEB 18 1953

BIRTH NO. 22120 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Jackson Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> 7009	
c. LENGTH OF STAY (If this place) <u>24 Days</u>		d. STREET ADDRESS (If rural, give location) <u>P 3; Box 230 H.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Children's Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael David</u> b. (Middle) <u>Mc</u> c. (Last) <u>Leslie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>19</u> <u>1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Mar-17-1952</u>	9. AGE (In years last birthday) <u>0</u> <u>1</u> <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>None</u>
10a.	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Indep. Sam. Indep. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Robert McLeslie</u>		13b. MOTHER'S MAIDEN NAME <u>Lura Hallaman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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 ADDRESS <u>Robert McLeslie, Indep. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Meningitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>0530</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemolytic streptococcus</u>			
		DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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 12-26 1952, to 1-19, 1953, that I last saw the deceased alive on 1-19, 1953 and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. G. Key</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1624 Prof Bldg</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-20-53</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. G. Carson Independence Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

W. I. Siskey

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 Harold E. Keckel

Licensed Embalmer No. 4609

P. O. Address. Jules, 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.