

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20422

State File No.

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 30

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

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. LENGTH OF STAY (In this place) <u>always</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Memphis</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>EDGAR</u> c. (Last) <u>LESLIE JR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 5 53</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JULY 11-1889</u>	9. AGE (In years last birthday) <u>63</u>	10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>24</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		11. BIRTHPLACE (City and State or Foreign Country) <u>MEMPHIS MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Geo Edgar Leslie</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Baker</u>		14. NAME OF HUSBAND OR WIFE <u>NANNIE LESLIE</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>L. E. Lowe</u> <u>MEMPHIS 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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u> 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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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>6 5</u> , 19 <u>53</u> , to <u>6-5-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-5-</u> , 19 <u>53</u> , and that death occurred at <u>10:15</u> A.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L. E. Lowe, MD</u> (Degree or title)			23b. ADDRESS <u>Memphis MO</u>		23c. DATE SIGNED <u>6-10-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis MO</u>		
DATE REC'D BY LOCAL REG. <u>6/13/53</u>	REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. K. Keyser & Sons</u>		ADDRESS <u>Memphis</u>

JUN 22 1953

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 *Ph Payne*

Licensed Embalmer No. 2196

P. O. Address _____

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.