

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31204

State File No. ....

FILED OCT 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 275

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau  
 c. LENGTH OF STAY (in this place) 2 weeks  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hospit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE Missouri b. COUNTY Stoddard  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural 5 miles NW 1020  
 d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)  
 a. (First) Charles b. (Middle) Davis c. (Last) Leslie  
 4. DATE OF DEATH (Month) (Day) (Year) Sept. 1 1953

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH Mar. 12 1876 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 100 Hrs. Mins.

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

13a. FATHER'S NAME George Leslie 13b. MOTHER'S MAIDEN NAME Mary Goodman 14. NAME OF HUSBAND OR WIFE Minnie Leslie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Minnie Leslie Parma Missouri ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Aspiration pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days  
 ANTECEDENT CAUSES Cerebral vascular accident 7 days  
 \*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Arteriosclerosis  
 DUE TO (c) Parkinson's disease  
 II. OTHER SIGNIFICANT CONDITIONS Prostatic obstruction 331+  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-13-53 19b. MAJOR FINDINGS OF OPERATION Prostatic obstruction, fibrosis, & multiple diverticuli 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) \_\_\_\_\_ 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 8-10 1953, to 9-1 1953 that I last saw the deceased alive on 9-1 1953, and that death occurred at 2:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. A. Sebaugh M.D. 23b. ADDRESS 801 A Broadway Cape Girardeau, Mo. 23c. DATE SIGNED 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Sept 2 1953 24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery 24d. LOCATION (City, town, or county) (State) Dexter Missouri

DATE REC'D BY LOCAL REG. 9-28-53 REGISTRAR'S SIGNATURE C. C. Summers 44-0 FUNERAL DIRECTOR'S SIGNATURE Walker Funeral Co., Parma Mo. ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

MAY  
4 1954

**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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.