

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 6-1953

State File No. **38001**
4488074 Registrar's No. **162**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT		
b. CITY OR TOWN MORLEY		c. LENGTH OF STAY (in this place) 63 yrs	c. CITY OR TOWN MORLEY		1000
d. FULL NAME OF HOSPITAL OR INSTITUTION HOTEL			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) LUTIE		a. (First)	b. (Middle) PRICE	c. (Last) LESLIE	4. DATE OF DEATH (Month) (Day) (Year) 10-21-1953
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-14-1860	9. AGE (in years last birthday) 93	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) MURRAY KY		12. COUNTRY OF WHAT COUNTRY? USA
13a. FATHER'S NAME BEN S. CURD		13b. MOTHER'S MAIDEN NAME CATHERINE PRICE		14. NAME OF HUSBAND OR WIFE CHAS. E. 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. _____	17. INFORMANT'S SIGNATURE OR NAME Joe Leslie - Sikeston MO ADDRESS _____		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sinistery DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 2
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		4214
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 1952 , to 10/21, 1953 , that I last saw the deceased alive on 10/17, 1953 , and that death occurred at 8:45 Am. , from the causes and on the date stated above.					
23a. SIGNATURE D. A. Chiswick MD (Degree or title)		23b. ADDRESS Osceola MO		23c. DATE SIGNED 10/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-23-1953	24c. NAME OF CEMETERY OR CREMATORY OLD CITY	24d. LOCATION (City, town, or county) (State) MORLEY MO		
DATE REC'D BY LOCAL REG. 10-27-53		REGISTRAR'S SIGNATURE Mrs. Ollie Hunter 429		25. FUNERAL DIRECTOR'S SIGNATURE Welsh Funeral Home - Sikeston MO ADDRESS _____	

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

RECEIVED NOV 2 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1153-239

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.