No. 300
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FILED JUL 16 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18262

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5227 Registrar's No. 111

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - ~~Gardner~~
c. LENGTH OF STAY (in this place) 3 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pleasant View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY CASS
c. CITY OR TOWN Garden City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 0190

3. NAME OF DECEASED (Type or Print)
a. (First) ALICE b. (Middle) FLORA c. (Last) Leslie

4. DATE OF DEATH (Month) July (Day) 3 (Year) 1954

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH JAN. 15 1871
9. AGE (In years last birthday) 83 — If under 1 year: Months 4 Days 18 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY ___
11. BIRTHPLACE (City and State or Foreign Country) MORRISONVILLE ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Geo. L. Barlow
13b. MOTHER'S MAIDEN NAME SAMATHA HUDSON
14. NAME OF HUSBAND OR WIFE Ed. M. Leslie (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME CLYDE Leslie **ADDRESS** HARRISONVILLE MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion

DUE TO (c) Arteriosclerosis

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 4201
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) m.
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* Jan, 1953, *to* July 3, 1954, *that I last saw the deceased alive on* July 3, 1954 *and that death occurred at* 10 40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE E. Finsch (Degree or title) MD
23b. ADDRESS Harrisonville Mo
23c. DATE SIGNED July 6, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE July 6 - 1954
24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery
24d. LOCATION (City, town, or county) Garden City (State) Missouri

DATE REC'D BY LOCAL REG. July 6, 1954
REGISTRAR'S SIGNATURE Nora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Bros. **ADDRESS** Harrisonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 12 1954
CASS COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.