No. 300
10.48

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37849

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY KNOX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL — SHELTON
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ MI S. HURDLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY KNOX
c. CITY OR TOWN HURDLAND
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 1½ MI S. HURDLAND

3. NAME OF DECEASED (Type or Print)
a. (First) LESLIE
b. (Middle) ELBERT
c. (Last) STICE

4. DATE OF DEATH (Month) (Day) (Year) 12 - 6 1954

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH AUGUST 31, 1890
9. AGE (In years last birthday) 64 — 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) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (City and State or Foreign Country) BIBLE GROVE MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME DANIEL F. STICE
13b. MOTHER'S MAIDEN NAME IDA MAY TREMAIN
14. NAME OF HUSBAND OR WIFE SINGLE

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. ✓
17. INFORMANT'S SIGNATURE OR NAME NINA SHAVER ADDRESS HURDLAND 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) Lympho sarcoma of the digestive tract and peritoneum — INTERVAL BETWEEN ONSET AND DEATH 12 Month

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 2001
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* Nov 1[illegible], 19[illegible], *to* Dec [illegible], 19[illegible], *that I last saw the deceased alive on* Dec. 6, 19[illegible], *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE William W. Klepper (Degree or title) D.C.
23b. ADDRESS Edina, Missouri
23c. DATE SIGNED 12/10/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-8-1954
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
24d. LOCATION (City, town, or county) HURDLAND (State) MO

DATE REC'D BY LOCAL REG. Dec-11-54
REGISTRAR'S SIGNATURE Nelle S. Hunolt, 151
25. FUNERAL DIRECTOR'S SIGNATURE Geo B. Easley Jr ADDRESS Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No. ~~375~~

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Geo B Eady Jr

Licensed Embalmer No. 375

P. O. Address Hardlan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.