

FILED JUN 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18102

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4442 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Russellville, Mo</b> n 260	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>His Home</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>DR. Walter</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Leslie</b>	<b>6-18-55</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-12-1879</b>		9. AGE (In years last birthday) <b>75</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dr.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>M. D.</b>	11. BIRTHPLACE (State or foreign country) <b>Russellville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>

13a. FATHER'S NAME <b>William S. Leslie</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Grooms</b>		14. NAME OF HUSBAND OR WIFE <b>Ada Hillard Leslie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adah Leslie, Russellville, Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (hypostatic)</b>		ANTECEDENT CAUSES (b) <b>Parkinson's Disease</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>Cardio-renal disease</b>			
11. 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		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 Jan 1, 1955, to June 18, 1955, that I last saw the deceased alive on June 17, 1955, and that death occurred at 6:25 A.M. on the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Ockman M.D.</b>		23b. ADDRESS <b>Jeff. City - Mo</b>		23c. DATE SIGNED <b>6-18-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-20-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Enloe Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Russellville, Mo</b>					

DATE REC'D BY LOCAL REG. <b>June 20</b>		REGISTRAR'S SIGNATURE <b>Ms. Minnie Hittner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Neighborhood Funeral Home</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 1958

DEC 12 1957

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.~~ 2870

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. A. Schubert

Licensed Embalmer No. 2870

P. O. Address Russellville, 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.