FILED JAN 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4347

State File No. 41410

BIRTH NO. _____ REG. DIST. NO. 232 ~~4347~~ PRIMARY REG. DIST. NO. ~~231~~ Registrar's No. 7

1. PLACE OF DEATH

a. COUNTY: Montgomery

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown, Mo

c. LENGTH OF STAY (in this place): Life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Middletown, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Montgomery

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middletown, Mo

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Rosielee

b. (Middle):

c. (Last): Leeper

4. DATE OF DEATH (Month) (Day) (Year): Dec 29 1955

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 23 April 1885

9. AGE (In years last birthday): 70 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pike County - Mo

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Shannon McDonald

13b. MOTHER'S MAIDEN NAME: Lucy Thompson

14. NAME OF HUSBAND OR WIFE: William Edward Leeper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME: William Edward Leeper — ADDRESS: Middletown 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): Lymph Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

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.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

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* Aug 5, 1955, *to* Dec 29, 1955 *that I last saw the deceased alive on* Dec 29, 1955, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. W. Beland MD

23b. ADDRESS: Willsville Mo

23c. DATE SIGNED: 12-30-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 31 Dec 55

24c. NAME OF CEMETERY OR CREMATORY: Fairmount

24d. LOCATION (City, town, or county) (State): Middletown Mo

DATE REC'D BY LOCAL REG.: Dec 31-55

REGISTRAR'S SIGNATURE: Mrs. Zoe Chapman 210-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Butler - Pritchett - Middletown Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1951

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 John N Butler

Licensed Embalmer No. 4447

P. O. Address Bowling Gr

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

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