

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040766

STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 210 Primary Registration District No. 5769 Registrar's No. 69

300
1-57

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lindley Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lindley Twp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION northwest-Princeton		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) Rural
3. NAME OF DECEASED (Type or print) First Middle Last Esdraylone Maud Leslie			4. DATE OF DEATH Month Day Year II -II -58
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April-2-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (In years last birthday) 76
11. BIRTHPLACE (City and state or country) Mercer-County - Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sebastian Grove		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Good	14. NAME OF HUSBAND OR WIFE Andrew Jackson Leslie
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Lawrence Leslie-Mercer Rural
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Debilitation			INTERVAL BETWEEN ONSET AND DEATH 1 week
DUE TO (b) Carcinomatosis			1 yr.
Conditions, if any, which gave rise to above, stating the underlying cause last. Primary Metastatic adenocarcinoma of the left breast			
DUE TO (c) metastatic carcinoma to mid-esophageal region yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Jan. 7, 1955 to Nov. 11, 1958 last saw her alive on Nov. 11, 1958 Death occurred at 2:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Geo J Lawson MD</i> (Degree or title)		22b. ADDRESS Mercer, Missouri	22c. DATE SIGNED Nov. 12
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE II-13-1958	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	23d. LOCATION (City, town, or county) (State) Mercer County---Missouri 58
24. FUNERAL DIRECTOR ADDRESS Martin Funeral Home--Princeton Mo.		25. DATE RECD. BY LOCAL REG. 11-12-58	26. REGISTRAR'S SIGNATURE <i>Rollman</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *RE. Aspell*

Licensed Embalmer No. 5020
P. O. Address Princeton--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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.