

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-019997
STATE FILE NUMBER

FILED VS MAY 24 1960

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 48

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>La Belle</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>La Belle 0560-</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SO</u>			Length of stay in lb <u>Life</u>		d. STREET ADDRESS (If outside, give location)		Residence on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Elma</u> Middle <u>Lee</u> Last <u>Leslie</u>				4. DATE OF DEATH Month <u>Lay</u> Day <u>14</u> Year <u>1960</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 31, 1880</u>		9. AGE (In years last birthday) <u>79</u>	F UNDER 1 YEAR Months <u>9</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>La Belle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Arville Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Hawkins</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Leslie</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mr. Frank Leslie</u>		Address <u>La Belle, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<u>4201</u>	
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? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>May 14, 1960</u> to <u>May 14, '60</u> and last saw her alive on <u>May 14, 1960</u> Death occurred at <u>9:00</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Harriet M. Bracken</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>La Belle, Missouri</u>		22c. DATE SIGNED <u>5/17/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/17/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>La Belle, Missouri</u>			
24. FUNERAL DIRECTOR <u>McAdams J. LaBelle</u> ADDRESS <u>La Belle, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-19-'60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 *M. J. [Signature]*, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. A. [Signature]*.....

Licensed Embalmer No. 432P.....

P. O. Address Labell, 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.