

## Dr. J. T. Leslie, Jr STANDARD CERTIFICATE OF DEATH

State File No.                     BIRTH NO.                      REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5305 Registrar's No.                     

|                                                                                                   |  |                                            |                                                                                                                                                   |  |                                                                               |
|---------------------------------------------------------------------------------------------------|--|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u> <u>Liberty Pulp</u>                                    |  |                                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>21</u> |  |                                                                               |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Osage City</u> |  | c. LENGTH OF STAY (In this place) <u>1</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Osage City</u> <u>0</u>                                        |  | d. STREET ADDRESS (If rural, give location) <u>No Street Numbers</u> <u>0</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osage City, Missouri</u>                               |  |                                            |                                                                                                                                                   |  |                                                                               |

|                                                       |  |  |                           |                          |                        |                                                                   |  |  |
|-------------------------------------------------------|--|--|---------------------------|--------------------------|------------------------|-------------------------------------------------------------------|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <u>Frances</u> |  |  | a. (First) <u>Frances</u> | b. (Middle) <u>Young</u> | c. (Last) <u>Young</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>February 18, 1949</u> |  |  |
|-------------------------------------------------------|--|--|---------------------------|--------------------------|------------------------|-------------------------------------------------------------------|--|--|

|                      |                               |                                                                     |                                      |                                           |                                  |                               |                      |
|----------------------|-------------------------------|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------|----------------------------------|-------------------------------|----------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>March-9-1878</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months <u>11</u> | IF UNDER 1 DAY Hours <u>8</u> | IF UNDER 1 MIN. Min. |
|----------------------|-------------------------------|---------------------------------------------------------------------|--------------------------------------|-------------------------------------------|----------------------------------|-------------------------------|----------------------|

|                                                                                                              |                                   |                                                                        |                                            |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|--------------------------------------------|
| 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 (State or foreign country) <u>Cole County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------|--------------------------------------------|

|                                      |                                           |                                               |
|--------------------------------------|-------------------------------------------|-----------------------------------------------|
| 13a. FATHER'S NAME <u>Peter Haaf</u> | 13b. MOTHER'S MAIDEN NAME <u>? Pirner</u> | 14. NAME OF HUSBAND OR WIFE <u>Fred Young</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. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>L. G. Young</u> | ADDRESS <u>Osage City, Missouri</u> |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------|-------------------------------------|

|                                                                           |                                                                                                                               |  |                                  |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease &amp; Cerebral Hemorrhage. Carcinoma</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|

\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of left breast

DUE TO (c) Carcinoma of left breast

|                                                                                                                                     |                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                        |                                  |                                                                                     |
|------------------------|----------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (Min.) | 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 August, 1948, to February, 1949, that I last saw the deceased alive on 2-13, 1949, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

|                                                                       |                                                        |                                 |
|-----------------------------------------------------------------------|--------------------------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J. T. Leslie, Jr.</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>207 Trust Bldg. Jefferson City, Mo</u> | 23c. DATE SIGNED <u>2-18-49</u> |
|-----------------------------------------------------------------------|--------------------------------------------------------|---------------------------------|

|                                                         |                              |                                                      |                                                                         |
|---------------------------------------------------------|------------------------------|------------------------------------------------------|-------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb-19-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>River View</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u> |
|---------------------------------------------------------|------------------------------|------------------------------------------------------|-------------------------------------------------------------------------|

|                                              |                                                      |                                                        |                                   |
|----------------------------------------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------|
| DATE REC'D BY LOCAL REG. <u>Feb. 18 1949</u> | REGISTRAR'S SIGNATURE <u>R. P. Norris MD - Right</u> | 2. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. J. Gordon</u> | ADDRESS <u>Jefferson City, Mo</u> |
|----------------------------------------------|------------------------------------------------------|--------------------------------------------------------|-----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

26  
0  
7ADDITIONAL  
CERTIFICATE  
FOR  
STATE REPORT

Date Filed FEB 23 1949

District File Number

District Health Officer No. 9

RECEIVED  
FEB 25 1949

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 *Ferd P Dulle*

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City 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.