

FILED SEP 30 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1084

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Methodist Hosp. O  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 8 days years, months or days)

3. (a) PRINT FULL NAME

Chas. S. Estep

3. (b) If veteran, name war F

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha B Estep

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 18th 1874

(Month) (Day) (Year)

8. AGE:

Years 72 Months 5 Days 9

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Cameron, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Manager Cameron Gas Fuel Co

11. Industry or business Manufacturing Gas

12. Name Jacob Estep

13. Birthplace Ohio

14. Maiden name M. Atilda

15. Birthplace Ohio

16. (a) Informant Charles S. Estep Jr.

(b) Address Cameron, Mo

17. (a) Cameron (b) Date thereof 9-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron, Mo

19. (a) Sept. 27, 1946 (Date received local registrar)  
B. J. Nestleburg (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25  
(c) City or town Cameron 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. --- 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27  
year 1946 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8-26-1946 to 9-27-1946  
that I last saw him alive on 9-26-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration 1/2 hr

Due to Arteriosclerosis, general 2  
Arteriosclerosis of heart disease 1

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature W. J. Nestleburg MD (M. D. or other)  
Address St. Joseph, Mo Date signed 9-27-46

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

MOTHER FATHER

1961  
T 120

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> embalmed by me, or by.....

..... Registered Apprentice No.....  
~~working under my personal supervision.~~

Signed C. O. Nelson

Licensed Embalmer No. 4421

P. O. Address Cameron M

**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.**