

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32587**

FILED NOV 8 1950

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **279**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia 0104	
c. LENGTH OF STAY (in this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 203 Stanley St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boone Co. Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MINIA b. (Middle) _____ c. (Last) ESTES	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 - 1950
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5. SEX Female	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-4-1883	9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) book	10b. KIND OF BUSINESS OR INDUSTRY Print family	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Estes	13b. MOTHER'S MAIDEN NAME Lucy Logan	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James Estes, Denver, Colorado.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 175X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Senesal carcinoma of the primary in lung		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 9, 1950**, to **Nov 2, 1950** that I last saw the deceased alive on **Nov 2, 1950** and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. S. Baskett M.D. (Degree or title)	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 11/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-5-1950	24c. NAME OF CEMETERY OR CREMATORY Columbia	24d. LOCATION (City, town, or county) (State) Columbia, Mo.
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DATE REC'D BY LOCAL REG. Nov. 4 1950	REGISTRAR'S SIGNATURE Mrs R E Palmer	25. FUNERAL DIRECTOR'S SIGNATURE Stuart Parker, Columbia, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0104

RECEIVED 11-6-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-6-50

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, ~~as by~~ _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Stuart D. Parker

Signed.....

Student Embalmer

Licensed Embalmer No. 2900

P. O. Address *Columbus, 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.