

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19826

State File No. ....

JUL 11 1952

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Christian</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Finley</u> <u>TR.</u> <u>10 Yrs.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Finley</u> <u>TR.</u> <u>10 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Finley</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian County</u>		d. STREET ADDRESS (If rural, give location) <u>Finley Township</u> <u>Christian County</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carl</u>	b. (Middle) <u>Dean</u>	c. (Last) <u>Estep</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May</u> <u>2, 1952</u>
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Oct. 29, 1933</u>	9. AGE (In years last birthday)	<u>18</u>	IF UNDER 1 YEAR	IF UNDER 10 MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>H. B. Estep</u>	13b. MOTHER'S MAIDEN NAME <u>Helen King</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>H. B. Estep</u> ADDRESS <u>Dark Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>few seconds</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation + Possible Skull Fracture</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1950 model M Farm All Tractor's left rear wheel across back when</u> DUE TO (c) <u>falling from it</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deceased lost control of tractor going down hill and fell in path of tractor.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Finley Township Christian MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 2 1952 about 10:20 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor Ran into Ditch</u>
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22. I hereby certify that I attended the deceased from 10, to 10, that I last saw the deceased alive on 10, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>John Dean Harris 3 Coroner Christian Co.</u>	23b. ADDRESS <u>Cleves, Mo.</u>	23c. DATE SIGNED <u>May 5, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 5, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Selmore Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/12-1952</u>	REGISTRAR'S SIGNATURE <u>Luetta Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Dark, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

220

**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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.