No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22256

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4066 Registrar's No. 32

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1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN: Kingston
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0120 0

3. NAME OF DECEASED (Type or Print): a. (First) Mont b. (Middle) Bishop c. (Last) Esteb
4. DATE OF DEATH: (Month) 7 (Day) 13 (Year) 54
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 2-1896
9. AGE (In years last birthday): 57 — If under 1 year: Months 11 Days 11 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Mdse.
11. BIRTHPLACE (City and State or Foreign Country): Kingston, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: John Esteb
13b. MOTHER'S MAIDEN NAME: Lily Bishop
14. NAME OF HUSBAND OR WIFE: Maude Esteb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War-1
16. SOCIAL SECURITY NO.: 500-36-1796
17. INFORMANT'S SIGNATURE OR NAME: Mrs Maude Esteb, ADDRESS: Kingston, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Hours.

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) Kingston (COUNTY) Caldwell (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-13, 1954, *to* 7-13, 1954, *that I last saw the deceased alive on* 7-13, 1954, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank R. Daley (Degree or title) MD.
23b. ADDRESS: Hamilton, Mo.
23c. DATE SIGNED: 7-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-20-54
24c. NAME OF CEMETERY OR CREMATORY: Kingston Cemetery
24d. LOCATION (City, town, or county) (State): Kingston, Missouri

DATE REC'D BY LOCAL REG. July 23-54
REGISTRAR'S SIGNATURE: Gladys Jones 370
25. FUNERAL DIRECTOR'S SIGNATURE: Cramer Clark ADDRESS: Kingston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 12 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Cramer Clark.....

Licensed Embalmer No..32

P. O. Address..Kingsto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.