

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1954

State File No. 28542

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 214 North 4 th. Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Helen	b. (Middle) Elizabeth	c. (Last) Esterbrook	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1954
-------------------------------------	------------------	-----------------------	----------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 8	IF UNDER 24 HOURS Days 27	IF UNDER 24 HOURS Min.
---------------	------------------------	--	--------------------------------	------------------------------------	--------------------------	---------------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch Press Operator	10b. KIND OF BUSINESS OR INDUSTRY Emerson Electric	11. BIRTHPLACE (State or foreign country) Louisiana, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	--	--	----------------------------------

13a. FATHER'S NAME Harry Godwin	13b. MOTHER'S MAIDEN NAME Bridget Godwin	14. NAME OF HUSBAND OR WIFE Ernest
---------------------------------	--	------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 488-24-8652	17. INFORMANT'S SIGNATURE OR NAME Ernest Esterbrook, Louisiana, Mo.	ADDRESS
--	-------------------------------------	---	---------

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Metastatic Carcinoma</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of ovary</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X			

19a. DATE OF OPERATION 6-4-53	19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma of ovary (adeno)</i>	20. AUTOPSY? 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

I hereby certify that I attended the deceased from 1941, to 8-25, 1954, that I last saw the deceased alive on 8-25, 1954, and that death occurred at 12:15 AM from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>George O. Wagner M.D.</i>	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 8-26-54
---	----------------------------------	--------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/28/54	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
---	-------------------	--	--

DATE REC'D BY LOCAL REG. 48830196	REGISTRAR'S SIGNATURE <i>Bernice Collier</i>	FUNERAL DIRECTOR'S SIGNATURE <i>George O. Wagner</i>	ADDRESS Louisiana, Mo.
-----------------------------------	--	--	------------------------

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

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

George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.