

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32694**

FILED NOV 4 1955

BIRTH NO. **63610-55** REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **137**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett | | c. CITY OR TOWN Hornsville | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Dunklin Co. Mem. Hosp | | | |
| e. STREET ADDRESS (If rural, give location) 0350 | | | |

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|---|---------------------------|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) — c. (Last) ESTES | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 16. 55 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINFANT | 8. DATE OF BIRTH SEPT. 12, 55 | 9. AGE (In years last birthday) 1 if UNDER 1 YEAR Days 4 if UNDER 1 HR. Hours — Min. — |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Kennett, Mo. |
| | | | | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | | | | |
|---|--|---|--|--|--|
| 13a. FATHER'S NAME Hubert Estes | | 13b. MOTHER'S MAIDEN NAME Maxine Wigginton | | 14. NAME OF HUSBAND OR WIFE — | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hubert Estes, Hornsville, Mo. | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anencephaly | | DUPLICATE | | 1 mo. | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | 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 750X | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|--|--|---|--|
| 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) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from **Sept 12, 1955** to **Oct 16, 1955**, that I last saw the deceased alive on **Oct 15, 1955**, and that death occurred at **7:00 P.M.**, from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------------|--|--------------------------------------|--|
| 23a. SIGNATURE (Degree or title) Christie R. Puck M.D. | | 23b. ADDRESS Kennett, MO | | 23c. DATE SIGNED Oct 18, 1955 | |
|---|--|---------------------------------|--|--------------------------------------|--|

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|---|--|---------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/17/55 | | 24c. NAME OF CEMETERY OR CREMATORY Hornsville | |
| | | | | 24d. LOCATION (City, town, or county) (State) Hornsville, MO | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 10-28-55 | | REGISTRAR'S SIGNATURE Carl Husband | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. David ... | |
|--|--|---|--|---|--|

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

RECEIVED DUNKLIN COUNTY

DEPARTMENT 10-31-52

COUNTY FILE NUMBER 10.5

STATEMENT BY LICENSED EMBALMER

Was not embalmed

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.....

Licensed Embalmer No.....

P. O. Address

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.