

FILED NOV 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32811

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 981	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN Springfield		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 St. John's Hospital				e. STREET ADDRESS (If rural, give location) 1946 S. Dollison Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) EDWARD		c. (Last) ESTERLE		4. DATE OF DEATH (Month) (Day) (Year) November 1, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 14 Oct. 1870	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. salesman		10b. KIND OF BUSINESS OR INDUSTRY Reelestate		11. BIRTHPLACE (City and State or Foreign Country) Lawrence, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Esterle		13b. MOTHER'S MAIDEN NAME Elizabeth Glazier		14. NAME OF HUSBAND OR WIFE Zora Esterle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 496-26-2870A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS 1946 S. Dollison Ave. Zora Esterle, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Heart failure, acute</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Myocarditis chronic</i> DUE TO (c) <i>arteriosclerotic cardiovascular disease, cholelithiasis with cholecystitis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>12 hours</i> <i>3 years</i> <i>Unknown</i> <i>Unknown</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221		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) Springfield Greene		21d. STATE (STATE) Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>Jan 21, 1953</i> , to <i>Nov 1, 1955</i> , that I last saw the deceased alive on <i>Nov 1, 1955</i> , and that death occurred at <i>6:45 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. H. Velsky M.D.</i>				23b. ADDRESS <i>609 Cherry St.</i>		23c. DATE SIGNED <i>Nov 2, 55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>2 Nov. 1955</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Forest Hills</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri.</i>	
DATE REC'D BY LOCAL REG. <i>11-2-55</i>		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Frank Thurner, Springfield, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Fred C. Plume*

Licensed Embalmer No. 2899
Springfield,
P. O. Address Missouri.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.