

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36182**

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY Cape Girardeau County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau)		c. LENGTH OF TOWN 30 yr		c. CITY OR TOWN Cape Girardeau		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 Southeast Hospital				STREET ADDRESS (If rural, give location) 1401 Luce			
3. NAME OF DECEASED (Type or Print) a. (First) Sylvester		b. (Middle) V		c. (Last) Estes		4. DATE OF DEATH (Month) (Day) (Year) Nov 7 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 27 1891	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 1 Days 10		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Cape Transit Co.		11. BIRTHPLACE (City and State or Foreign Country) Scopus Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Pinkny D Estes		13b. MOTHER'S MAIDEN NAME Mary Limbaugh		14. NAME OF HUSBAND OR WIFE Maude Estes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Estes		ADDRESS Cape Girardeau	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 hour	
		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. Cholecystitis & Cholelithiasis 5 years					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 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 <u>11-7</u> , 19 <u>55</u> , to <u>11-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-7</u> , 19 <u>55</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE M. Limbaugh (Degree or title)				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED 11-11-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 9 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 11-14-55		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Brinkopf Howell		ADDRESS Estes Cape	

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

MAY 15 1956

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 NEIL H. GROSSHEIDER, Student Embalmer No. 5 working under my personal supervision.

Student Neil H. Grossheider
Signature of Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 356

P. O. Address Cape Hill

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.