

XC 19 038 721  
Reg. 12612 SL 5845

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42030**  
Registrar's No. **11347**

BIRTH NO. **FILED JAN 6 1956** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N Grand St. Louis, MO.</b>		c. LENGTH OF STAY (in this place) <b>26 Days</b>		c. CITY OR TOWN <b>ALTON</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>400 Henry Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>M.</b> c. (Last) <b>ESTES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-23-55</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>1-8-88</b>		9. AGE (In years last birthday) <b>67 yrs.</b> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Edmonton, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Pete Estes</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Harper</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW-1</b>		16. SOCIAL SECURITY NO. <b>355165206</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>V. A. HOSPITAL RECORDS ST LOUIS, MO.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>SQUAMOUS CELL CARCINOMA OF RIGHT LUNG</b>  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. <b>NEUROFIBROMATOSIS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>7 MONTHS</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>163x</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		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) <b>V.A. m.</b>		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 <b>11-27</b> , 19 <b>55</b> , to <b>12-23</b> , 19 <b>55</b> , that I last saw the deceased <b>at 10:02a m.</b> , and that death occurred at <b>10:02a m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>D. G. RUMER</b>			23b. ADDRESS <b>VAH, St. Louis 6, Missouri</b>		23c. DATE SIGNED <b>12-23-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>12-27-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UPPER ALTON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ALTON, ILLINOIS</b>	
DATE REC'D BY LOCAL REG. <b>DEC 27 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas J. Burkholder, ALTON, Ill.</b>	

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 *Thomas J. Burke Jr.*

Licensed Embalmer No. 496  
727 LANGDON  
P. O. Address ALTON, ILL.

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.