

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19278

State File No. _____

FILED MAY 28 1956

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Likeston</u>		c. LENGTH OF STAY (In this place) <u>50 yrs</u>		c. CITY OR TOWN <u>Likeston</u>		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 <u>112 No. Hardy</u>				e. STREET ADDRESS (If rural, give location) <u>112 No. Hardy</u>			
3. NAME OF DECEASED a. (First) <u>Earl</u> b. (Middle) <u>Devey</u> c. (Last) <u>Estes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 14 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>April 1, 1900</u>	
9. AGE (In years) (Month) (Day) (Year) <u>56 4 13</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette Co. Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Doc Estes</u>		13b. MOTHER'S MARDEN NAME <u>Rose Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Ada Estes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ada Estes Likeston, Mo.</u>			
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) <u>Probable pulmonary infarct</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Cor. arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500.</u>					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) (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 <u>4-28</u> , 19 <u>56</u> , to <u>5-14</u> , 19 <u>56</u> that I last saw the deceased alive on <u>5-11</u> , 19 <u>56</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Urban M.D.</u>				23b. ADDRESS <u>Likeston.</u>		23c. DATE SIGNED <u>5/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Likeston, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Likeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Eva Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Christon Funeral Home</u>		ADDRESS <u>Likeston, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 21 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 556-115

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 J. E. McMillan

Licensed Embalmer No. 46

P. O. Address Charleston

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.