Health, Welfare Public Service

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FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25931

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Barry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville — Inside Limits Yes X No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Amb. enroute hospital — Length of stay in hospital minutes	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene c. CITY OR TOWN Springfield 0396 — Inside Limits Yes X No ☐ d. STREET ADDRESS 620 N. Main (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: BUR	Middle: D.	Last: ESTES	4. DATE OF DEATH Month Day Year: 8/15/56
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Dec. 9, 1879	9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Soldier	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (City and state or country): Grandbury, Texas		12. CITIZEN OF WHAT COUNTRY?: U.S. A.
13. FATHER'S NAME: Unknown		14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. W. I		16. SOCIAL SECURITY NO.: 570-16-8120	17. INFORMANT: Mabel Estes	Address: 620 N. Main

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive heart failure, pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4341

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 11, '56, to Aug. 15, '56 and last saw her/him alive on Aug. 11, '5

Death occurred at 2:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: F. O. Anderson (Degree or title): M. D.	22b. ADDRESS: Springfield, Missouri	22c. DATE SIGNED: 8/16/56	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 8/17/56	23c. NAME OF CEMETERY OR CREMATORY: National Cemetery	23d. LOCATION (City, town, or county) (State): Springfield, Missouri
24. FUNERAL DIRECTOR: Ayre-Goodwin	ADDRESS: Springfield, Mo	25. DATE RECD. BY LOCAL REG.: 8-20-56	26. REGISTRAR'S SIGNATURE: Mary McDonald, deputy

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10.0

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 856 - 147

DATE REC. 8-22-56

SEP 7 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Wair.....

Licensed Embalmer No. 46 -

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.