

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40849

State File No. ....

FILED JAN 4 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY OR TOWN <u>RURAL-JOHNSON TWP</u>		c. CITY OR TOWN <u>VAN BUREN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>YEARS, 5</u>		e. STREET ADDRESS (If rural, give location) <u>VAN BUREN, MO. 0180</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hybo-4 M. E. ELLISORE MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HOWARD</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>ESTES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT 1 1930</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TIMBER WORK</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CARTER COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LOAMI ESTES</u>	13b. MOTHER'S MAIDEN NAME <u>LOREE GRUBB</u>	14. NAME OF HUSBAND OR WIFE <u>Betty ESTES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1949 to 1952</u>	16. SOCIAL SECURITY NO. <u>493-30-8046</u>	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Skull</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auto Accident</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hybo-4 M. E. Ellisore</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Johnson, Twp. Carter Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 27 1956 4:10 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
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22. I hereby certify that I attended the deceased from Death to Arrival 1956, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Coleman McSpren</u>	23b. ADDRESS <u>Van Buren Mo</u>	23c. DATE SIGNED <u>12-27-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-2-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ripley Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 2-1957</u>	REGISTRAR'S SIGNATURE <u>Mrs Oeta Hanson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Coleman McSpren</u>	ADDRESS <u>Van Buren, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

50

RECEIVED

JAN 3 1957

CARTER COUNTY  
HEALTH CENTER

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Allen C McGee*.....

Licensed Embalmer No. *454*.....

P. O. Address *Van Buren*.....

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