FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008494
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 6113 Registrar's No. 34

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Scott	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1 Mi. N. of Benton, Mo — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Rt.2 Charleston — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1 Mi. N. Benton — Length of stay in Hospital: Instant	d. STREET ADDRESS (If outside, give location) Rt. 2 Charleston — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: John	Middle: Franklin	Last: Estes	4. DATE OF DEATH	Month Day Year: 2/11/58
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 10/31/1913	9. AGE (In years last birthday): 44	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): Trucker	10b. KIND OF BUSINESS OR INDUSTRY: Trucking	11. BIRTHPLACE (City and state or country): Bollinger County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Jesse Estes		14. MOTHER'S MAIDEN NAME: Ilona Welker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.: 486-22-3827	17. INFORMANT: Jaunita Estes, Rt.2 Charleston, Mo (Address)		

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) Frontal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 0

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)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

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

20c. TIME OF INJURY Hour: 9:15 p. m. Month, Day, Year: 2-11-58

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.): Hw. 61 - 1Mi. No. of Benton

20f. CITY, TOWN, OR LOCATION: Benton Rural - COUNTY: Scott STATE: Mo

21. I attended the deceased from First call, to after death - and last saw her/him alive on
Death occurred at 9:15 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thelma C. Buckthorpe, M.D. Health Officer - (Degree or title) — 22b. ADDRESS: Benton Mo — 22c. DATE SIGNED: 2-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 2/13/58 — 23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery — 23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: Earl Nunnelee Jr — ADDRESS: The Nunnelee Funeral Chapel Charleston, Mo

25. DATE RECD. BY LOCAL REG.: 2-27-58

26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED MAR 3 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 358-58

MAR 7 1958

MAR 27 1958

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed John F. Nunnelee

Licensed Embalmer No. 3

P. O. Address Charl

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