

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035725

State File No.

FILED NOV 10 1958

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>2009</u>		Registrar's No. <u>519</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo.</u>			c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo.</u>			d. STREET ADDRESS <u>0161</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Jackson</u>				d. STREET ADDRESS <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ASIA</u>			b. (Middle) <u>Dell</u>		c. (Last) <u>Estep</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 3 1958</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 30 1897</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>3</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Benjamin Camden</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie White</u>			14. NAME OF HUSBAND OR WIFE <u>Harry Estep</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Estep Jackson Mo.</u>				ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio-vascular-renal disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>cerebral accident, causing paralysis</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		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>July 9, 1951</u> , to <u>Nov. 3, 1958</u> , that I last saw the deceased alive on <u>Nov. 2, 1958</u> , and that death occurred at <u>7:00 P.M.</u> ; from the causes and on the date stated above.									
23a. SIGNATURE (Print name or title) <u>Bunker Deneke-Laird</u>						23b. ADDRESS <u>Jackson Mo.</u>		23c. DATE SIGNED <u>11/4/58</u>	
24a. PUBLIC CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-5-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tucker</u>		24d. LOCATION (City (town, or county)) (State) <u>Bunker Mo</u>				
DATE REC'D BY LOCAL REG. <u>Nov. 5, 1958</u>		REGISTRAR'S SIGNATURE <u>Mrs. Homer Cropper</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke-Laird</u>		ADDRESS <u>Jackson Mo.</u>		

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
Student Embalmer

Signed R. O. Lains

Licensed Embalmer No. 4538

P. O. Address Jackson, Mo.

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 this body is not embalmed, fact should be so stated above.