

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044789

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 179 Primary Registration District No. 5690 Registrar's No. 208

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nineveh Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Ninevah Twp
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Farm Residence		Length of stay in lb life	d. STREET ADDRESS (If outside, give location) Farm Residence
3. NAME OF DECEASED (Type or print) First Luke Middle Huff Last Estes			4. DATE OF DEATH Month Dec. Day 9, Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 65
11. BIRTHPLACE (City and state or country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Luke H. Estes		13b. MOTHER'S MAIDEN NAME Mary Lee Kimler	14. NAME OF HUSBAND OR WIFE Nellie G. Estes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490 40 4403	17. INFORMANT Address Mrs Luke Estes, Corso, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation, Rope around neck. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Subject hung self from beam in driveway Of Barn. By means of slip knot in 1/4" rope DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 974X			INTERVAL BETWEEN ONSET AND DEATH ?????
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE Nineveh Twp. Lincoln Missouri
21. I attended the deceased from _____, to _____ and last saw her him alive on _____ Death occurred at 8:30 AM ??? m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph J. Marsh (Degree or title) CORONER 3		22b. ADDRESS 351 Monroe St. Troy, Missouri	22c. DATE SIGNED 12/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 11 58	23c. NAME OF CEMETERY OR CREMATORY New Liberty	23d. LOCATION (City, town, or county) (State) Corso Mo.
24. FUNERAL DIRECTOR J.O. Mudd ADDRESS Silex, Mo.		25. DATE RECD. BY LOCAL REG. 12-18-1958	26. REGISTRAR'S SIGNATURE Charlotte Leek

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James O. Wood* _____

Licensed Embalmer No. *4152* _____

P. O. Address *Bowling Green* _____

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.