

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008312  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
-57

FILED APR 3 1959

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Martinsburg</b> <sup>cc 40</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County</b>		Length of stay in 1b <b>6 days</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LENA GRETUDE ESTILL</b>			4. DATE OF DEATH Month Day Year <b>March 25, 1959</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 8, 1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>telephone operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>telephone co.</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>55</b> Months <b>2</b> Days <b>17</b> Hours <b></b> Min.
11. BIRTHPLACE (City and state or country) <b>Carrollton, Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gud Cluster</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Horton</b>	14. NAME OF HUSBAND OR WIFE <b>Elgin Estill</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>488-38-4665</b>	17. INFORMANT Address <b>Elgin Estill, Martinsburg, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Melanostatic Carcinoma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma colon</b>			<b>2 years</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) <b>1538</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 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
21. I attended the deceased from <b>July 1957</b> to <b>March 25, 59</b> and last saw her alive on <b>March 25 - 59</b> Death occurred at <b>2:25 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold D. Sanford M.D.</b>		22b. ADDRESS <b>Mexico Mo</b>	22c. DATE SIGNED <b>3-25-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/27/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Benton City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Benton City, Missouri</b>
24. FUNERAL DIRECTOR <b>B. Kelly</b>		ADDRESS <b>Wellsville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>March 27 1959</b>
26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>			

All diseases in Part I must be carefully related.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with which treated.  
 Harold D. Sanford, M.D.

MEDICAL CERTIFICATION  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS  
FEB 1 7 1960

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 *Howard F Myers* .....

Licensed Embalmer No. *4494* .....

P. O. Address *Hellsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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