Health, Welfare Public Service

300 ©
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008634
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 53 — Primary Registration District No. 3010 Registrar's No. 112

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Cape Girardeau — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cape Osteo Hosp — Length of stay in 1b: 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Elvins, 0946 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Mill Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: CARROLL Middle: LEE Last: ESTES

4. DATE OF DEATH Month, Day, Year: March 21, 1959

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 15, 1918
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months 0 Days 8 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician
10b. KIND OF BUSINESS OR INDUSTRY: Music
11. BIRTHPLACE (City and state or country): St. Francois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Alvin Coerber
13b. MOTHER'S MAIDEN NAME: Emma L. Estes
14. NAME OF HUSBAND OR WIFE: Ollie Bates Estes

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. 490-14-2322
17. INFORMANT: Mrs. George Maxxon Address: Elvins, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Myo cardial failure — INTERVAL BETWEEN ONSET AND DEATH: 10days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac hypertrophy — 20 yrs.
DUE TO (c) Patent Foramen Ovale (congenital)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Nephritis, and cholecystitis 7543
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 14, 1959, to March 21, 1959 and last saw him alive on March 21, 1959
Death occurred at 1:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. M. Stevenson, D.O. (Degree or title)
22b. ADDRESS: 202-06 Hirsch Bldg. Cape Girardeau, Missouri
22c. DATE SIGNED: 3/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Mar-21-1959
23c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
23d. LOCATION (City, town, or county) (State): Farmington, Mo.

24. FUNERAL DIRECTOR: Murphy L. Sparks ADDRESS: Flat River, Mo.
25. DATE RECD. BY LOCAL REG.: 3-28-'59
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be noted. All diseases in Part I must be causally related.

Stephens

JUL 21

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat Rivers, 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.