

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022844
STATE FILE NUMBER

FILED JUN 17 1958

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 661

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>Perryville</u> <u>0991</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>700 W. St. Joseph Life</u>		d. STREET ADDRESS (If outside, give location) <u>700 W. St. Joseph</u>	
3. NAME OF DECEASED (Type or print) First <u>Rudolph</u> Middle <u>E.</u> Last <u>Estel</u>		4. DATE OF DEATH Month <u>6</u> - Day <u>2</u> - Year <u>59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-30-1871</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food Co.</u>	11. BIRTHPLACE (City and state or county) <u>Perry County Mo</u>
13a. FATHER'S NAME <u>Emmanuel Estel</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Kramer</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Clara M. Estel</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-14-3692</u>	17. INFORMANT <u>Laclade Estel Perryville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Coronary Occlusion</u> <u>Atherosclerotic Heart Disease</u> 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) <u>4260</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10-15 min</u> <u>15-20 yrs</u>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>6-24-50</u> to <u>4-4-59</u> and last saw him alive on <u>4-4-59</u> Death occurred at <u>(date 6-2-59) 8:30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. J. Zellner</u>		22b. ADDRESS <u>Perryville, Mo.</u>	
22c. DATE SIGNED <u>6-5-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-5-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Perryville Lutheran</u>	23d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>
24. FUNERAL DIRECTOR <u>Young & Sons Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-8-59</u>	26. REGISTRAR'S SIGNATURE <u>J. J. Zellner</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in item 18. No symptoms... will be listed. 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 *Wallace Young*

Licensed Embalmer No. *41037*

P. O. Address *Perkasie, Pa.*

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.