

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019033  
STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. Registrar's No. 40

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0090

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED JUN 4 1963**

a. COUNTY **Bollinger**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Marble Hill Mo.** Length of stay in 1b **60 yr**

c. CITY OR TOWN **Marble Hill Mo.** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **None** Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

3. NAME OF DECEASED (Type or print) First **Fannie** Middle **Mae** Last **Estes**

4. DATE OF DEATH Month **May** Day **24** Year **1963**

5. SEX **Female**

6. COLOR OR RACE **White**

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **May 12 1900**

9. AGE (last birthday) **83** IF UNDER 1 YEAR Months **0** Days **12** IF UNDER 24 HR Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **None**

11. BIRTHPLACE (City and state or country) **Scopus Mo.**

12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **Henderson Lutes**

13b. MOTHER'S MAIDEN NAME **Mattie Clark**

14. NAME OF HUSBAND OR WIFE **C.R Estes**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) **no** (If yes, give war or dates of serv **no**)

17. INFORMANT **Mr C.R Estes Marble Hill Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Ventricular Fibrillation**

DUE TO (b) **Arteriosclerotic heart disease**

DUE TO (c) **Generalized Arteriosclerosis**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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 **5:35** 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 **Luterville Mo.** COUNTY **Mo.** STATE

21. I attended the deceased from **May 24 1963** to **May 24 1963** and last saw <sup>her</sup> live on **May 24 1963**. Death occurred at **5:35** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: **Shee Beeghant** (Degree or title)

22b. ADDRESS **Luterville Mo.**

22c. DATE SIGNED **5-29-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **May 27 1963**

23c. NAME OF CEMETERY OR CREMATORY **Memorial Park**

23d. LOCATION (City, town, or county) (State) **Cape Girardeau Mo.**

24. SINGULAR DIRECTOR ADDRESS **Brinkopf Howell Cape Gir Mo.**

25. DATE RECD. BY LOCAL REG. **6/1/63**

26. REGISTRAR'S SIGNATURE **Mrs Buford Crader**

USE BLACK INK OR TYPEWRITER RIBBON

JAN 29 1964

**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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Pepe, Louisiana

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.