

U. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

32763

DEPARTMENT OF HEALTH OF THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL RECORDS  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1150

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(c) Name of hospital or institution: Missouri Methodist Hosp.  
(d) Length of stay: In hospital or institution 3 days.  
In this community 6 Months.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Buchanan  
(c) City or town St. Joseph  
(d) Street No. 710 Ingalls  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Octa Melzenia Estill  
3. (b) If veteran, name war No. 3. (c) Social Security No. No.  
4. Sex Female 5. Color or race Cau.  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Foster B. 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased July 30 1886

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 9 year 1946 hour 11:30 minute P.M.  
21. I hereby certify that I attended the deceased from Oct. 6 1946 to Oct. 9 1946 that I last saw her alive on Oct. 9 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Due to Hypertension  
Other conditions Arteriosclerosis  
Major findings: None  
Of operations None

8. AGE: Years 60 Months 2 Days 20  
9. Birthplace King City Mo.  
10. Usual occupation House work  
11. Industry or business Same

Duration Unknown  
Physician Unknown  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name Thomas A. Campbell  
13. Birthplace Gentry Co Mo.  
14. Maiden name Maggie Custer  
15. Birthplace Gentry Co Mo.  
16. (a) Informant Foster B. Estill  
(b) Address St. Joseph Mo.  
17. (a) Burial (b) Date thereof Oct. 13 1946  
(c) Place: burial or cremation King City Mo.  
18. (a) Signature of funeral director R. G. Yagout  
(b) Address  
19. (a) Date received local registrar Oct 15 1946 (b) Registrar's signature J. H. Hutchins

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature E. M. Showers (M. D. or other) M.D.  
Address 317 Kirkpatrick Bldg. Date signed 10/12

3 F

ST. JOSEPH MO.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

31591

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *R. G. Taggart*.....

Licensed Embalmer No. *2563*.....

P. O. Address *King City Mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

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