

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JAN 27 1949

State File No. **3708**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT, MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION B.3P. HELEN		d. STREET ADDRESS (If rural, give location) 123 REAR HELEN	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE W. b. (Middle) ESTES c. (Last) ESTES			4. DATE OF DEATH (Month) (Day) (Year) 1-14-49		
5. SEX M. O.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 5-1907	9. AGE (In years last birthday) 41	10. IF UNDER 1 YEAR Days 6 Hours 9 IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) COBDEN ILL.	
12. CITIZEN OF WHAT COUNTRY U.S.					

13a. FATHER'S NAME William Ester		13b. MOTHER'S MAIDEN NAME Joy Linnester		14. NAME OF HUSBAND OR WIFE DAISY ESTES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mr Tom Powers Chaffee Mo ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dextera mellitus		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 12, 1949** to **Jan 14, 1949** that I last saw the deceased alive on **Jan 12, 1949** and that death occurred at **6:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE Wm. D. ... (Degree or title)		23b. ADDRESS Wallerwille, Mo		23c. DATE SIGNED Jan 15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Jan 14-1949	24c. NAME OF CEMETERY OR CREMATORY Union Park	24d. LOCATION (City, town, or county) (State) Chaffee Mo		
DATE REC'D BY LOCAL REG. 1/18/49	REGISTRAR'S SIGNATURE G.B. MacCreedy	25. FUNERAL DIRECTOR'S SIGNATURE Wm. ...	ADDRESS Chaffee Mo		

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

RECEIVED

District Health Office No. 2

District File Number 149-114

Date Filed 1-24-49

Mr. CHAFFE M. J. 123 REAR HERN

MARRIED JOHN - 1941
FARMER
212-1-212
M. J. CHAFFE
1-24-49

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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

[Handwritten signature and notes]