

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

FILED MAR 24 1949

State File No. **7786**

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 69		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ill. b. COUNTY Marion				
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 30 m.		c. CITY OR TOWN Mc Leansboro		d. STREET ADDRESS (If rural, give location) Unknown		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) Unknown				
3. NAME OF DECEASED (Type or Print) a. (First) Glady b. (Middle) M. c. (Last) Estes			4. DATE OF DEATH (Month) (Day) (Year) March 17 49					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH Dec. 15 - 1906		
9. AGE (In years last birthday) 42		if UNDER 1 YEAR 3		if UNDER 1 YEAR 2		if UNDER 1 YEAR 2		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tele. Operator			10b. KIND OF BUSINESS OR INDUSTRY Tele. Co.		11. BIRTHPLACE (State or foreign country) State - Salem, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Riggs			13b. MOTHER'S MAIDEN NAME Nellie Strothman		14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. Nellie Riggs - Salem, Ill.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound fracture & laceration of leg ANTECEDENT CAUSES Compound fracture Rt ankle Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture left knee DUE TO (c) Shock II. OTHER SIGNIFICANT CONDITIONS Shock Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 hour 1 hour 1 hour	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jefferson City Cole Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 17 - 1949 4:30 p.m.		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident - 1st. 2nd. 3rd.						
22. I hereby certify that I attended the deceased from Mar 17, 1949 , to March 17, 1949 , that I last saw the deceased alive on March 17, 1949 , and that death occurred at 5 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Marshall Steel M.D.				23b. ADDRESS Jefferson City		23c. DATE SIGNED 3/18/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-18-49		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Salem Ill.		
DATE REC'D BY LOCAL REG. March 18 - 49		REGISTRAR'S SIGNATURE R.P. Harrison		25. FUNERAL DIRECTOR'S SIGNATURE Victor Bruescher ADDRESS Jefferson City Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 22 1949

MAR 24 1949

APR 1 1949

JUL 17 1959

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *3701*

P. O. Address *Jefferson City 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 this body is not embalmed, fact should be so stated above.