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FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25873

BIRTH NO. 39461-49 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		106	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>219 1/2 N. Ash St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Cheryelle Lynne Estes</u>	(First) <u>Cheryelle</u>	(Middle) <u>Lynne</u>	(Last) <u>Estes</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-2-'49</u>
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5. SEX <u>Female</u> COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-30-1949</u>	9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>3</u>	IF UNDER 24 hrs. Hours <u>29 1/2</u> Min. <u>2</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None (infant)</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Nevada Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Paul R. Estes</u>	13b. MOTHER'S MAIDEN NAME <u>Joan Lee Cobble</u>	14. NAME OF HUSBAND OR WIFE
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul R. Estes, Nevada Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>29 1/2 hrs</u> <u>7625"</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Staphylococcal St. Lung</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth</u>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July, 1949, to 2 July, 1949, that I last saw the deceased alive on 2 July, 1949, and that death occurred at 7:20P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Bay, M.D.</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>7/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 9, 1949</u>	REGISTRAR'S SIGNATURE <u>Walter H. Vance</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Hays</u> ADDRESS <u>Nevada Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 6-49-86

Date Filed 7-19-4

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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.

Signed Bert B. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4656

P. O. Address Quincy, Ill.

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.