

FILED NOV 25 1949 STANDARD CERTIFICATE OF DEATH

State File No. 38201

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 390

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1509 South Ingram</b>		d. STREET ADDRESS (If rural, give location) <b>1509 South Ingram</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLA M.</b> b. (Middle) <b>ESTES</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 17, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 12, 1858</b>
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home-making</b>	11. BIRTHPLACE (State or foreign country) <b>Holden, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Green Suggs</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary U. Douthitt</b>		14. NAME OF HUSBAND OR WIFE <b>Albert S. Estes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give year or dates of service) *****		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edgar Neighbors, Sedalia, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u></b> <b>2. ANTECEDENT CAUSES</b> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) <u>Virus Pneumonia</u></b> <b>DUE TO (c) <u>Saunility</u></b> <b>3. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Sedalia Pettis Mo</b>	
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 <b>May 19, 1949</b> to <b>Nov 17, 1949</b> , that I last saw the deceased alive on <b>Nov 17, 1949</b> , and that death occurred at <b>12 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Chas. DeShone MD</b>		23b. ADDRESS <b>Sedalia Mo</b>	
23c. DATE SIGNED <b>11/18/49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11/18/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Maune Ewing</b> ADDRESS <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/18/49</b>		REGISTRAR'S SIGNATURE <b>Betty Yeager Deputy</b> ADDRESS <b>Sedalia, Mo.</b>	

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

RECEIVED NOV 21

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 11-23-49

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

*Diana Ewing*

Licensed Embalmer No. 2887

P. O. Address Seaside, 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.