

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

013460

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 215

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | |
| c. LENGTH OF STAY (in this place) <u>18 Yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1704 New Jersey Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1704 New Jersey Ave.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Isaac</u> b. (Middle) <u>Jones</u> c. (Last) <u>ESTES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 28, 1950</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 17, 1865</u> |
| 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> | IF UNDER 24 HRS. Hours <u>10</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>LeCompton, Kansas</u> |
| 12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u> | | | |
| 13a. FATHER'S NAME <u>John Wesley Estes</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Roberts</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Besse Estes</u> |
| 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 ADDRESS <u>Mary B. Estes 1704 N.J. St. Joplin</u> |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart dis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</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 | | 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 <u>10-18, 1950</u> to <u>1-10, 1950</u> that I last saw the deceased alive on <u>1-10, 1950</u> and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>E. H. Hamilton, M.D.</u> | | 23b. ADDRESS <u>Forest Park Bldg, Joplin, Mo.</u> | 23c. DATE SIGNED <u>5-1-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 1, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery Joplin, Missouri</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thornhill-Dillon Mort. Joplin, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-2-50</u> | | REGISTRAR'S SIGNATURE <u>Ed. J. James 138</u> <u>by Edwin Campbell Sr.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-8-50
Jasper County Health Office

County File Number 50-4-365

Date Filed 5-8-50

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 *Charles E. Frey*

Licensed Embalmer No. 47680

P. O. Address *Joplin, 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.