No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39572

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6172 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: STONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" WASHINGTON
c. LENGTH OF STAY (In this place): 5 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT. # 2, GALENA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STONE CO.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" WASHINGTON
d. STREET ADDRESS (If rural, give location): RT. 2, GALENA

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): M. A.
c. (Last): ESTES

4. DATE OF DEATH (Month) (Day) (Year): 10 29 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: MARCH 22-1862
9. AGE (In years last birthday): 88 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): CHRISTIAN CO., MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ALEXANDER McLEAN
13b. MOTHER'S MAIDEN NAME: EMILY YOUNG
14. NAME OF HUSBAND OR WIFE: HENRY G. ESTES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. LOLA PARKER, ADDRESS: Rt. 2, GALENA, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 40 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1948, *to* 29 Oct, 1950, *that I last saw the deceased alive on* 26 Jan, 1950, *and that death occurred at* 8:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] M.D. (Degree or title)
23b. ADDRESS Galena Mo
23c. DATE SIGNED 6 Nov 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-31-1950
24c. NAME OF CEMETERY OR CREMATORY: SELMORE
24d. LOCATION (City, town, or county) (State): SELMORE MISSOURI

DATE REC'D BY LOCAL REG.: Nov. 6-50
REGISTRAR'S SIGNATURE: Lena Murray 317 Dep.
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris, ADDRESS: Cleveland, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 14 1950
Dist. File 1150-2289
Date Filed 11-17-50

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.

Signed John Alan Harris

Signed ..... Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, 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.