

FILED NOV 28 1950

STANDARD CERTIFICATE OF DEATH

39592

State File No.

BIRTH NO. 25658-50 REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Burdine Sup. 0</u> d. STREET ADDRESS (If rural, give location) <u>East of Cabool mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WIRFIELD</u> b. (Middle) <u>ESTES</u> c. (Last) <u>ESTES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1950</u>	
5. SEX <u>M.O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single 0</u>	8. DATE OF BIRTH <u>March 28 1950</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Texas Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Earl Estes</u>	
13b. MOTHER'S MAIDEN NAME <u>Norma Collins</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Earl Estes</u>		ADDRESS <u>Cabool mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongolism</u>	
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)			
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>Nov 4</u> 1950, to <u>Nov 15</u> 1950, that I last saw the deceased alive on <u>Nov 15</u> 1950, and that death occurred at <u>5:15 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Garrett Cunningham</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Cabool Mo</u>	
23c. DATE SIGNED <u>Nov 17 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 17-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Cook Dale</u>		24d. LOCATION (City, town, or county) (State) <u>Texas County Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-18-50</u>		REGISTRAR'S SIGNATURE <u>Garrett Cunningham</u> 325	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Garrett Cunningham</u>		ADDRESS <u>Cabool</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 21 1950

Ex. No. 1150-2320

Date 11-27-50

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 Eugene V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool

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.