

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9140

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY LACLEDE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY LACLEDE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phillipsburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Phillipsburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION Phillipsburg		d. STREET ADDRESS (If rural, give location) Phillipsburg	

3. NAME OF DECEASED (Type or Print) OLLIE ESTES			4. DATE OF DEATH (Month) (Day) (Year) FEB. 19 1951		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 17, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR (Months) 0	IF UNDER 24 HRS. (Days) 0	IF UNDER 2 HRS. (Hours) 0	IF UNDER 15 MIN. (Min.) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE		11. BIRTHPLACE (State or foreign country) LACLEDE, CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME CARRIE DENNIS		13b. MOTHER'S MAIDEN NAME LOUISE LOFANCE		14. NAME OF HUSBAND OR WIFE HENRY ESTES	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME HENRY ESTES		ADDRESS Phillipsburg	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension				592X	
		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 checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **FEB. 1, 1951**, to **FEB. 19, 1951**, that I last saw the deceased alive on _____ 19____, and that death occurred at **5:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE W. F. Schmitt MD (Degree or title)		23b. ADDRESS Springfield MO		23c. DATE SIGNED 3/7/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-21-51		24c. NAME OF CEMETERY OR CREMATORY BEATHICKET CEMETERY		24d. LOCATION (City, town, or county) (State) LACLEDE, CO. MO.	
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DATE REC'D BY LOCAL REG. 3-24-1951		REGISTRAR'S SIGNATURE Hella L. May 424		25. FUNERAL DIRECTOR'S SIGNATURE BATBER-BATTO		ADDRESS MARSHFIELD MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

530
1

0530

592X

E.C.

MAR 31 1951

Received

Laclede County Health Unit

File No. 4-51-45

Date Filed APR 2 1951

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

Lee Mason

Licensed Embalmer No. 4568

P. O. Address Gen. Marshfield, 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.