

# STANDARD CERTIFICATE OF DEATH

17366

State File No. ....

FILED JUN 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5787 Registrar's No. 42

1. PLACE OF DEATH  
 a. COUNTY Mississippi  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston, Route #2  
 c. LENGTH OF STAY (In this place) 20 Years  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Charleston, Route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Mississippi  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Charleston, Route, #2  
 d. STREET ADDRESS (If rural, give location) Charleston, Route #2

3. NAME OF DECEASED  
 a. (First) Asa b. (Middle) Jacob c. (Last) Estes  
 4. DATE OF DEATH (Month) (Day) (Year) May, 7, 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
 8. DATE OF BIRTH November, 16, 1907 9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months \_\_\_\_\_ DAY \_\_\_\_\_ IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming  
 10b. KIND OF BUSINESS OR INDUSTRY Farm Foreman  
 11. BIRTHPLACE (State or foreign country) Lutesville, Missouri  
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse Lee Estes 13b. MOTHER'S MAIDEN NAME Iloni Welker 14. NAME OF HUSBAND OR WIFE Jewel Celeste Estes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
 16. SOCIAL SECURITY NO. None  
 17. INFORMANT'S SIGNATURE OR NAME Jewel Celeste Estes, Charleston, Mo ADDRESS \_\_\_\_\_

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Myocarditis  
 ANTECEDENT CAUSES Coronary Sclerosis  
 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.

INTERVAL BETWEEN ONSET AND DEATH  
several years 1941

19a. DATE OF OPERATION none 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) Charleston Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1:30 p.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 Aug 14, 1941, to May 7, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE E. Charles Fleming M.D. (Degree or title) 23b. ADDRESS Charleston Mo 23c. DATE SIGNED 5/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/8/51 24c. NAME OF CEMETERY OR CREMATORY Mount Zion Cemetery 24d. LOCATION (City, town, or county) (State) Lutesville, Mo

DATE REC'D BY LOCAL REG. June 2, 1951 REGISTRAR'S SIGNATURE Mrs. Fay Hilgore 439 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Lee Hilgore ADDRESS Wm. Lee Hilgore Funeral Chapel, Charleston, Mo

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

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JUN 8 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUN 8 1951

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Edward E. Nunnlee

Signed.....  
Student Embalmer

Licensed Embalmer No. 9164

P. O. Address Charleston, W. Va.

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.