

No. 300
10.48

O'Kelley

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23940

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Little River 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route 2		d. STREET ADDRESS (If rural, give location) Rural Route 2	

3. NAME OF DECEASED (Type or Print) a. (First) William H. Estes b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11, 1881	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY x	11. BIRTHPLACE (State or foreign country) Union City, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Green Estews	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Louisa Estes
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME Louisa Estes R. of Portageville, Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		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) _____ 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 444X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **June 19, 1951**, to **July 2, 1951**, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. V. O'Kelley M.D.	23b. ADDRESS Portageville, Mo.	23c. DATE SIGNED 7/5/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-4-51	24c. NAME OF CEMETERY OR CREMATORY Portageville	24d. LOCATION (City, town, or county) (State) Portageville, Mo.
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DATE REC'D BY LOCAL REG. 7-20-51	REGISTRAR'S SIGNATURE John St. Germain	25. FUNERAL DIRECTOR'S SIGNATURE Jimmy Osburn	ADDRESS Funeral Home, Wardell, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

7-51-181
Rec. JUL 21 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 James A. Johnson
.....
Licensed Embalmer No. 4185

Signed.....
Student Embalmer

P. O. Address Wardell, 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.