

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2238

FILED JAN 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>THOMAS ESTES</u>			4. DATE OF DEATH <u>Jan. 22, 1952</u>		
a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 29, 1876</u>		9. AGE (In years last birthday) <u>75</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	
11. BIRTHPLACE (State or foreign country) <u>Nelson, Missouri</u>		12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <u>Wesley Estes</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Aldridge</u>		14. NAME OF HUSBAND OR WIFE <u>Christina Estes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Christian Estes, Sedalia, Mo. R. 4</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus with</u> ANTECEDENT CAUSES <u>Carbuncle of Neck and Jangrene of it</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>leg due to arterial occlusion</u> DUE TO (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u> <u>2 wks</u> <u>1 day</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>-</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>Mar</u> , 19 <u>47</u> , to <u>22 Jan</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>22 Jan</u> , 19 <u>52</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W R Edwards</u> (Degree or title) <u>M D</u>			23b. ADDRESS <u>Sedalia Mo</u>		23c. DATE SIGNED <u>1-22-52</u>

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 24, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Herman</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 24 - 1952</u>		REGISTRAR'S SIGNATURE <u>H. P. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Overbeekart</u>		ADDRESS <u>Sedalia, Mo</u>	
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251-0 (Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

804

JAN 28 1952  
JAN 28 1952 NVI

RECEIVED  
DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 28 1952

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address Sedalia, 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.