

No. 300 FILED APR 29 1952 10.48

STANDARD CERTIFICATE OF DEATH

12741

State File No. Registrar's No. 26

BIRTH NO. REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4223

1. PLACE OF DEATH  
 a. COUNTY Holt  
 b. CITY OR TOWN Maitland  
 c. LENGTH OF STAY (In this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri  
 b. COUNTY Nodaway  
 c. CITY OR TOWN Maryville  
 d. STREET ADDRESS (If rural, give location) 0742 /

3. NAME OF DECEASED  
 a. (First) Mary  
 b. (Middle) Pauline  
 c. (Last) Estes  
 4. DATE OF DEATH (Month) (Day) (Year) April 19, 1952

5. SEX Female  
 6. COLOR OR RACE White  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /  
 8. DATE OF BIRTH May 31, 1904  
 9. AGE (In years last birthday) 48 Months 10 Days 19  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hoagewife  
 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (State or foreign country) Missouri  
 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Frank Olmsted  
 13b. MOTHER'S MAIDEN NAME Maggie Baldwin  
 14. NAME OF HUSBAND OR WIFE Ancil L. Estes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No  
 16. SOCIAL SECURITY NO.  
 17. INFORMANT'S SIGNATURE OR NAME Ancil Estes  
 ADDRESS Marquette Mo.

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) Cerebral Hemorrhage  
 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 331X  
 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)  
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 April 14, 1952, to April 19, 1952, that I last saw the deceased alive on April 18, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE D. Perry M.D. (Degree or title)  
 23b. ADDRESS Mound City Mo  
 23c. DATE SIGNED 4-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify)  
 24b. DATE 4-22-1952  
 24c. NAME OF CEMETERY OR CREMATORY HOPKINS CEMT  
 24d. LOCATION (City, town, or county) (State) HOPKINS MISSOURI

DATE REC'D BY LOCAL REG. 4/21/1952  
 REGISTRAR'S SIGNATURE James H. Crawford 4671  
 25. FUNERAL DIRECTOR'S SIGNATURE G. M. Atchison  
 ADDRESS Marquette Mo.

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

3507 4 2 1954

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 G M Atkinson

Licensed Embalmer No. 2279

P. O. Address Marquette 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.