

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16241

State File No.

MAY 19 1952

BIRTH NO.		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		<u>0451</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>109 S. Church St.</u>				d. STREET ADDRESS (If rural, give location) <u>109 S. Church St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Walter</u>		b. (Middle) <u>K.</u>		c. (Last) <u>Estill</u>	
4. DATE OF DEATH		(Month) <u>May</u>		(Day) <u>6</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 31, 1875</u>	
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>5</u>		IF UNDER 11 HRS. Hour <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ebeand Estill</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McCrary</u>		14. NAME OF HUSBAND OR WIFE <u>Nannie May Heberling</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Estill</u> ADDRESS <u>Harrisburg, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u> ANTECEDENT CAUSES <u>Chronic alcoholism</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> <u>3 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>May 6 1922</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>15-6-52</u> to <u>5-6-52</u> , that I last saw the deceased alive on <u>5-6-52</u> , 19 <u>52</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Walter H. D. 3</u> (Degree or title)				23b. ADDRESS <u>Fayette, Mo</u>		23c. DATE SIGNED <u>5th 8-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/8/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-8-52</u>		REGISTRAR'S SIGNATURE <u>Mary A. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald A. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

451

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 _____

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.