

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23494

State File No. ....

No. 300  
10.48

FILED JUL 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>378</u>		PRIMARY REG. DIST. NO. <u>4552</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Douglas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain Grove</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Vanzant Rural</u>		d. STREET ADDRESS (If rural, give location) <u>8340</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>ESTES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-23-52</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>		8. DATE OF BIRTH <u>9-16-1877</u>	
9. AGE (In years last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>		11. IF UNDER 18 HRS. Hours <u>7</u> Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>James</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Estes</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>492-34-0413</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lillian Estes, Mtn Grove Mo R.3</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>Carcinoma, stomach</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>							
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. <u>151X</u>							
19a. DATE OF OPERATION <u>Jan 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma stomach, Metastasis to liver</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input 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>6-15-1952</u> to <u>6-23-1952</u> , that I last saw the deceased alive on <u>6-23-1952</u> , and that death occurred at <u>3 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Mountain Grove, MO</u>		23c. DATE SIGNED <u>6-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Vanzant</u>		24d. LOCATION (City, town, or county) (State) <u>Vanzant Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-23-52</u>		REGISTRAR'S SIGNATURE <u>G.B. Ames</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Ava, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JUL 1 1952  
WRIGHT CO. HEALTH DEPT  
County File Number 752  
Date Filed 2-12-52

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.