

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35555

State File No. \_\_\_\_\_

FILED OCT 27 1952

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>STONE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1040</u> OR TOWN <u>"Rural" UNION</u>		d. STREET ADDRESS (If rural, give location) <u>RT.#1, BILLINGS, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AURORA HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTOPHER</u> b. (Middle) <u>COLUMBUS</u> c. (Last) <u>ESTES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 8 1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 2-1875</u>	
9. AGE (In years last birthday) <u>77</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>-</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u> <u>CHRISTIAN CO., MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>SAM ESTES</u>			13b. MOTHER'S MAIDEN NAME <u>STEELE</u>		14. NAME OF HUSBAND OR WIFE <u>JULIA GIDEON 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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ROY MYNATT, CLEVER, MO.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		b. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
c. 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 <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u> HOMICIDE _____		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) (Min.) _____		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 _____, 19 <u>52</u> , to <u>Oct 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 8</u> , 19 <u>52</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.P. Capetta</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Aurora, Mo.</u>			23c. DATE SIGNED <u>10-10-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>OCF. BURIAL</u>		24b. DATE <u>OCT. 10-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. CARMEL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CLEVER, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 20, 1952</u>		REGISTRAR'S SIGNATURE <u>Roy Mynatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u>		ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*John Dean Harris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4390*

P. O. Address.....

*Clever, 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.