

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13309**

0117
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FILED MAY 4 1953 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 497

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|---|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <i>Bushanan</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Platte</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Joseph</i> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>East Leavenworth, MO</i> | |
| c. LENGTH OF STAY (In this place) <i>5 yrs 4 mo 7 days</i> | | d. STREET ADDRESS (If rural, give location) <i>State Hospital No. 2</i> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>GEORGE</i> b. (Middle) <i>D.</i> c. (Last) <i>ESTES.</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>4-30-1953</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i> | 8. DATE OF BIRTH <i>2-5-1879</i> |
| 9. AGE (In years last birthday) <i>74</i> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>East Leavenworth, Missouri</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13. FATHER'S NAME <i>Alonzo Estes</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Lucy J. Connor</i> | | 14. NAME OF HUSBAND OR WIFE <i>Alonzo Estes</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>None</i> | |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Alonzo Estes, East Leavenworth, Missouri</i> | | ADDRESS <i>East Leavenworth, Missouri</i> | |
| 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) <i>Broncho-pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Influenza</i> <i>21 days</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>General arterio-sclerosis</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>480X</i> | |
| 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) | | 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 <i>3-23-1953</i> , to <i>4-30-1953</i> , that I last saw the deceased alive on <i>4-30-1953</i> , and that death occurred at <i>8:45 P. M.</i> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>J. H. Morrow</i> | | 23b. ADDRESS <i>State Hospital No. 2, St. Joseph, Missouri</i> | |
| 23c. DATE SIGNED <i>4-30-1953</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i> | | 24b. DATE <i>MAY 1, 1953</i> | |
| 24c. NAME OF CEMETERY OR CREMATORY <i>GREEN'S LANE</i> | | 24d. LOCATION (City, town, or county) (State) <i>EAST LEAVENWORTH - MO.</i> | |
| DATE REC'D BY LOCAL REG. <i>May 1, 1953</i> | | REGISTRAR'S SIGNATURE <i>Mathew M. Allison</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>J. C. DAVIS UNDERTAKING CO. LEAVENWORTH</i> | | ADDRESS <i>Chas. E. Mandler, member KANSAS</i> | |

(Licensed Embalmer's Statement - Reverse Side)
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *James E. Franklin*

Licensed Embalmer No. *2015* *Mass*

P. O. Address *Lowellworth House*

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.