

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13626

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1

FILED MAY 15 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 2291 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty Rural.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Liberty 6000	
c. LENGTH OF STAY (in this place) years		d. STREET ADDRESS (If rural, give location) RR 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 2			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Floyd	
c. (Last) Estabrook		4. DATE OF DEATH (Month) (Day) (Year) May 12, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 11, 1893
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Linden, Ill.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Daniel Estabrook		13b. MOTHER'S MAIDEN NAME P.	
14. NAME OF HUSBAND OR WIFE Genevieve F. Estabrook			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. 493-14-7616	
17. INFORMANT'S SIGNATURE OR NAME Genevieve F. Estabrook		ADDRESS Liberty, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  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  4201	
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) (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 Sept 1951, to May 11, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 6:45 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Lewis W. Henderson MD		23b. ADDRESS Liberty, Mo.	
23c. DATE SIGNED 5-13-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-14-53	
24c. NAME OF CEMETERY OR CREMATORY, White Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City North, Mo.	
DATE REC'D BY LOCAL REG. May 13-1953		REGISTRAR'S SIGNATURE Winnie Hayes	
FUNERAL DIRECTOR'S SIGNATURE Tyler Pauley Funeral Home		ADDRESS Liberty, Mo.	

MAY 27 1959

**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 \_\_\_\_\_

Licensed Embalmer No. 4534

P. O. Address Sterly

**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.