

FILED MAY 4 1953

STANDARD CERTIFICATE OF DEATH

State File No. 14532
34

| | | | | | | | |
|---|---|---|---|--|--|---|-------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. 195 | | PRIMARY REG. DIST. NO. 5715 | | Registrar's No. 34 | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY McDonald | | b. CITY (If outside corporate limits, write RURAL and give town or township) Rural White Rock twp. | | c. LENGTH OF STAY (in this place) 32 Yrs | | a. STATE Missouri | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural White Rock twp. | | c. LENGTH OF STAY (in this place) 32 Yrs | | c. CITY (If outside corporate limits, write RURAL and give township) Same | | b. COUNTY McDonald | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jane, Mo. R 1 | | | | d. STREET ADDRESS (If rural, give location) Jane, Mo. R1 | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) Charles | b. (Middle) Ballam | c. (Last) Estis | Date April 13, 1953 | (Month) | (Day) | (Year) | Male |
| 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 30, 1875 | 9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain | | 11. BIRTHPLACE (State or foreign country) Reeds, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Edmond A. Estis | | 13b. MOTHER'S MAIDEN NAME Ester Huston | | 14. NAME OF HUSBAND OR WIFE Carrv Mav Estis | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. X | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrv Estis Jane, Mo. R1 | | | |
| 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>Coronary Thrombosis</i> ANTECEDENT CAUSES Morbidity 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (Min.) | |
| 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____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00A m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>R. M. Humphrey Jr.</i> (Degree or title) Coroner | | | | 23b. ADDRESS Noel, Mo. | | 23c. DATE SIGNED 4-15-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4/15/53 | 24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery | | 24d. LOCATION (City, town, or county) (State) Dudman, Mo. | | |
| DATE REC'D BY LOCAL REG. 4-24-53 | | REGISTRAR'S SIGNATURE <i>Maynard Humphrey</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE <i>Ralph Miller</i> ADDRESS Bea Ridge, Ark | | | |

(Licensed Embalmer) 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed C. B. Porter

Licensed Embalmer No. 599

P. O. Address Rogers, Ark

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.