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

FILED MAY 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18010

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2166

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lakeside Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Marion Township 0310
d. STREET ADDRESS (If rural, give location): 7 Miles N.W. Gallatin, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Susan b. (Middle) Eleanor c. (Last) Estes
4. DATE OF DEATH (Month) (Day) (Year): 4 - 21 - 53
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 23 1894
9. AGE (In years last birthday): 58 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Smith Co. Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John R. Stewart
13b. MOTHER'S MAIDEN NAME: Lottie E. Benjiman
14. NAME OF HUSBAND OR WIFE: James Estes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James Estes, Gallatin, Mo. ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Paralysis of lower extremities caused by compression fracture and

DUE TO (c) cystic degeneration of body of 12th dorsal vertebra

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
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Daviess Co. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 1952 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? fell forward while pushing on wagon

22. I hereby certify that I attended the deceased from 3 - 7, 1953, to 4 - 21, 1953; that I last saw the deceased alive on 4 - 21, 1953 and that death occurred at 10:15 P m., from the causes and on the date stated above.

23a. SIGNATURE: L. J. Graham (Degree or title): L. J. Graham M.D.
23b. ADDRESS: 418 Bryant Bldg
23c. DATE SIGNED: 4-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-1953
24c. NAME OF CEMETERY OR CREMATORY: Civil Bend Christian
24d. LOCATION (City, town, or county) (State): Daviess Co. Missouri

DATE REC'D BY LOCAL REG.: 4-24-53
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: L. Richman ADDRESS: Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1953

MAR 15 1955

Ar 6778

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 L. O. Richesson

Licensed Embalmer No. 3307

P. O. Address Gallatin, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.