

U.S. No. 362
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21004

State File No.

02201
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ALD JUL 8 - 1953

BIRTH NO. 124 REG. DIST. NO. 449 PRIMARY REG. DIST. NO. 4119 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Christian

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo. b. COUNTY Christian

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark c. LENGTH OF STAY (in this place) 1 Hr. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Finley Twp. RURAL

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) d. STREET ADDRESS (If rural, give location) Christian Co

3. NAME OF DECEASED (Type or Print) a. (First) Evert b. (Middle) E. c. (Last) Estes 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1953

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 5, 1882 9. AGE (In years last birthday) 71 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) Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ples Estes 13b. MOTHER'S MAIDEN NAME Sarah Gooch 14. NAME OF HUSBAND OR WIFE Mrs. Daisy Estes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Daisy Estes, Ozark Rt#2, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Atherosclerosis unknown
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 June, 1953, to 23 June, 1953, that I last saw the deceased alive on 23 June, 1953, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE D. D. Roper (Degree or title) MD 23b. ADDRESS Ozark, Mo 23c. DATE SIGNED 26 June 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 25, 1953 24c. NAME OF CEMETERY OR CREMATORY Hope Dale Cemetery 24d. LOCATION (City, town, or county) (State) Christian, Missouri

DATE REC'D BY LOCAL REG. July 1-1953 REGISTRAR'S SIGNATURE Luetta Leonard 5-13 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.