

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24772**
3570

FILED AUG 6 - 1953

BIRTH NO.

REG. DIST. NO. 149PRIMARY REG. DIST. NO. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 yrs.		e. STREET ADDRESS (If rural, give location) 3410 3118 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyde Park Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) ELISHA		b. (Middle) T.	
c. (Last) ESTES		4. DATE OF DEATH (Month) (Day) (Year) July 16, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1883
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker	11. BIRTHPLACE (City and State or Foreign Country) Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME Elisha Estes	
13b. MOTHER'S MAIDEN NAME Kathryn Williams		14. NAME OF HUSBAND OR WIFE Etta 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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary VanLandingham		ADDRESS Liberty, Mo. 301 Doniphan,	
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)		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) Ant. Sclerotic heart	
DUE TO (c)		1946	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Chronic Yellention.	
1946-53		19. DATE 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.)		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 1946 , 19____, to 16 July, 1953 that I last saw the deceased alive on 16 July, 1953 , and that death occurred at 4:20 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert M. Myers		23b. ADDRESS 1025 Galts Bldg K.C. Mo	
23c. DATE SIGNED 7/17/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 20, 1953		24c. NAME OF CEMETERY OR CREMATORY Fairview	
24d. LOCATION (City, town, or county) (State) Liberty, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.	
DATE REC'D BY LOCAL REG. 7-20-53		REGISTRAR'S SIGNATURE Geraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS K.C. MO.	

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

Robert M. Myers
1025 Biddle
Ph. 4751

In until 11:05
Back 2 to 4

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.....
Signature of Student Embalmer

Signed..... *F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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