

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27928

FILED AUG 18 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 276

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>30 Days</u>		c. CITY OR TOWN <u>Fulton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Callaway Co. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>200 E. First St.</u> <span style="float: right;">01430</span>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mortie</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Estes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 13, 1875</u>		9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>29</u> IF UNDER 4 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Near Reform, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Estes</u>			13b. MOTHER'S MAIDEN NAME <u>Serelda ?</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Garrett Estes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mortie M. Estes Fulton, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Contusion of hip.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>  <u>?</u>  <u>1 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X F</u>						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 <u>1948</u> to <u>Death</u> 19 <u>  </u> , that I last saw the deceased alive on <u>Aug 12</u> , 19 <u>53</u> , and that death occurred at <u>12:45</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John J. Brown M.D.</u>				23b. ADDRESS <u>Fulton Mo</u>			23c. DATE SIGNED <u>8-14-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug-14-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reform Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Callaway Co, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Aug-14-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <span style="float: right;">424</span>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thalace Funeral Home, Fulton, Mo.</u>					

FEB 26 1958

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 *J. Daniel C. Browning*

Licensed Embalmer No...2714...

P. O. Address *Fulton, Md*

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.