

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43608

State File No.

FILED JAN 5 1954

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 57513 Registrar No. 641

0620

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

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ST. MICHAELS TWP.</u> c. LENGTH OF STAY (in this place) <u>18 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ST. MICHAELS TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. N. of FREDERICKTOWN</u>		d. STREET ADDRESS (If rural, give location) <u>0620</u> <u>4 mi. N. of FREDERICKTOWN</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTELLA</u>	b. (Middle) <u>ALICE</u>	c. (Last) <u>PRIEST</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 30, 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 2, 1896</u>	9. AGE (In years last birthday) <u>57</u>	If UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WASHINGTON CO. MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>MARION ALBERT NIPPER</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE WEBB</u>	14. NAME OF HUSBAND OR WIFE <u>STERLING P. PRIEST</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>STERLING P. PRIEST - FREDERICKTOWN, MO.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ch. Myocarditis with coronary sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. asthma</u> DUE TO (c)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to 17/30, 1953, that I last saw the deceased alive on 17/29, 1953, and that death occurred at 230 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Maura Brooman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Federicktown Mo</u>	23c. DATE SIGNED <u>12/31/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1-2-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. FRANCIS CO. MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-1953</u>	REGISTRAR'S SIGNATURE <u>Flarence Beck</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Adamson</u>	ADDRESS <u>FREDERICKTOWN, MO.</u>
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

RECEIVED
JAN 4 1956
FREDERICKTOWN, MO.
FILE NO. 127

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 Russell Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, 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.