

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43888

State File No. _____
Registrar's No. 155

FILED DEC 31 1953

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. (If institution residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u>	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) <u>LIFE</u>		e. STREET ADDRESS (If rural, give location) <u>821 NORTH 8th ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE CO. HOSP.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENJAMIN</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>ESTERBROOK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 20, 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 29, 1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISIANA, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WARREN ESTERBROOK</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY DENT</u>	14. NAME OF HUSBAND OR WIFE <u>VINA LEE ESTERBROOK</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT PARSONS</u>	ADDRESS <u>LOUISIANA, MO</u>
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18. CAUSE OF DEATH (Enter only one cause per link for (a), (b), and (c)) <i>This does not mean the mode of dying, such as fallure, asthma, means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____		<u>yr</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19. 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) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 1952 to 12.20, 1953, that I last saw the deceased alive on 12-20, 1953, and that death occurred at 2:55P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Kumbler M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Louisiana Mo</u>	23c. DATE SIGNED <u>12/22/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 23, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec 22, 1953</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	374	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo M. Collier</u>	ADDRESS <u>Louisiana Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

can be read

MAR 3 1951

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 Geo. M. Collier

Licensed Embalmer No. 3839

P. O. Address Louisiana

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 43866 53

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this 15th day of February, 1954, before me appears _____

Nina Lee Esterbrook, who, upon her oath, states that the original record of ~~birth~~ ^{###} death for Benjamin Franklin Esterbrook, ~~born~~ ^{died} December 20, 1953, in the State of Missouri, and which was filed at Louisiana, Mo. on Dec. 22, 1953, should be corrected as follows:

Item No. 8 should read October 29, 1871

Instead of October 29, 1870

Item No. 9 should read 82

Instead of 83

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant + *Nina Lee Esterbrook* (WIFE)
821. *Louisiana, Mo.* Relationship

Present Address.

Subscribed and sworn to before me this 15 day of Feb, 1954

My Commission expires Aug 21, 1957 *John M. Wood* Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

