

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43976**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **6029** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give town) Ellington c. LENGTH OF STAY (In this place) 0 900		c. CITY OR TOWN Ellington d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION sub home		e. STREET ADDRESS (If rural, give location) rural - 2 mi North of Ellington	

3. NAME OF DECEASED a. (First) Billy b. (Middle) Eugen c. (Last) Estes		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24 - 53	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 6 1936
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school boy		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) 17 IF UNDER 1 YEAR Months 11 Days 18 Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Reynolds County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Ray Estes		13b. MOTHER'S MAIDEN NAME Margalene Runnegan		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Amos Stogdill ADDRESS Ellington	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death in home		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E 9160 16		

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS 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) 090 (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00 A m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. J. H. Pytle (Degree or title) _____		23b. ADDRESS Centerville, Mo.		23c. DATE SIGNED 12/24/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Dec 27 1953		24c. NAME OF CEMETERY OR CREMATORY City	
24d. LOCATION (City, town, or county) (State) Ellington Mo.		24d. LOCATION (City, town, or county) (State) _____			

DATE REC'D BY LOCAL REG. Dec. 29/53		REGISTRAR'S SIGNATURE Essie Evans		25. FUNERAL DIRECTOR'S SIGNATURE Seaton Bewitt ADDRESS van Buren Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 1-7-54
Reynolds County Health Center
File No. 154 - 1

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.