

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43977

FILED JAN 11 1954

State File No.

0920

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

BIRTH NO. _____		REG. DIST. NO. <u>300</u>		PRIMARY REG. DIST. NO. <u>6029</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Reynolds</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Reynolds</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ellington-rural-Logansport</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Ellington</u>		e. STREET ADDRESS (If rural, give location) <u>2 Mi North of Ellington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>own home</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ronald</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Estes</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1953</u>		5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>Jan. 23, 1943</u>		9. AGE (in years last birthday) <u>10</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Reynolds Co - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Roy Estes</u>		13b. MOTHER'S MAIDEN NAME <u>Magaline Dunningan</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
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>Armas Stogadill - Ellington</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Burned to death in house</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused 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				E9160 16	
		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"/>	
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>090</u>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:00</u> A m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. A. Puntli</u> (Degree or title) <u>Coroner 3</u>				23b. ADDRESS <u>Centerville Mo</u>		23c. DATE SIGNED <u>12/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>Dec. 27 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>city</u>		24d. LOCATION (City, town, or county) (State) <u>Ellington Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29-53</u>		REGISTRAR'S SIGNATURE <u>Essie Evans. 2760</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Seaton Pearl Van Buren</u>		ADDRESS _____	

Received 1-7-54

Reynolds County Health Center

File No. 154 - 3

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 Powell*.....

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.**