					441440			
FILED MAY 10 1054		STANDARD CERTI	FICATE OF DEATI	State File No	11713			
BIRTH NO.	10 1954	REG. DIST. NO. 118	PRIMARY REG. DIST. NO.	.5439 Registrar's No.				
	TH				titution: residence before			
a. COUNTY Gasconade			a. STATE Missou	ıri b. COUNTY G	asconade			
b. CITY (If outside corporate limits, write RURAL and give c. LENGTH OF				te limits, write RURAL and give town	aship)			
TOWN Rural Canaan Twp. lifetime					• 0 3 1			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION farm home			d. STREET (If rural, give location) ADDRESS Rosebud, Mo. Rt.					
3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)			
(Type or Print)	Jo <u>hn</u>		Estes	DEATH ADI'11	<u>30, 1954</u>			
····		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8pools) Widowed	Sept. 26. 18	last birthday) Months				
10a. IISHAL OCCUPATIO	N (Give kind of work	10b. KIND OF BUSINESS OR IN	11. BIRTHPLACE	ad State or Foreign Country)	12. CITIZEN OF WHAT			
done during most of working I armer	ng ilfo, even if retired)	own Earm			COUNTRY? USA			
13a. FATHER'S NAME	· · · · · · · · · · · · · · · · · · ·	136. MOTHER'S MAIDE	N NAME 14	. NAME OF HUSBAND OR WIF	Έ			
Tarlton Es	stes .	Mariah Sul	- I		er Estes			
				SIGNATURE OR NAME	ADDRESS			
no	36.45	none	Alva Estes	Rosebud, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	NDITION / /		enal-syndrome	INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean				•				
the mode of dying, such Morbid condition		, if any, giving DUE TO (b)		<u> </u>	-			
etc. It means the dis-	the underlying cau-	re last.	- '					
	II. OTHER SIGNIF			11	1			
	Conditions contribu	uting to the death but not \mathcal{H}	-onchial Hs	There	10413.			
19a. DATE OF OPERA- TION	196. MAJOR FIND	INGS OF OPERATION	e e e e e e e e e e e e e e e e e e e	442X	20. AUTOPSY?			
21a. ACCIDENT SUICIDE HOMICIDE				WNSHIP) (COUNTY)	(STATE)			
21d. TIME (Month)	(Day) (Year) (WHILENT NOT WHILE	21f. HOW DID INJURY OC	CURT				
		LA 11	54. 4	- 30 154 that I to	t age the deceased			
N 27		ne deceased from		 ,,,, ,				
 	- Jet . , 10 J		23h_ADDRESS	A -	23c. DATE SIGNED			
1000	1 dec	me (Mil) O	Owersoil	w. Tho.	5-1-54			
24a. BURIAL, CREMA	- 24b. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24d	. LOCATION (City, town, or cou	nty) (State)			
Burial	' 5 <u>-3-195</u>	4 New Salem C	emetery r	<u>near Owensvill</u>	e, Mo.			
DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATURE 1 493 -	25. FUNERAL DIRECTO	1010 1	DORESS			
may 4,1954 Mrs. Marin Japoneyer Melon N. Winter OWENSUICE								
7		(Licensed Embalffer's	Statement of Reverse Side)					
	BIRTH NO. 1. PLACE OF DEA a. COUNTY Gas b. CITY (If outside core OR TOWN RUP a. d. FULL NAME OF HOSPITAL OR INSTITUTION 3. NAME OF DECEASED (Type or Print) 5. SEX C 6. Male V 10a. USUAL OCCUPATION does during most of working a Print of the core I a Pine Print of the core of the c	1. PLACE OF DEATH a. COUNTY GASCONAGE b. CITY (If outside corporate limits, write RI OR TOWN RUPA! CANAAN d. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION farm hom 3. NAME OF S. (First) DECEASED (Type or Print) 5. SEX 6. COLOR OR RACE Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired) 13a. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED F (Yea. no. or anknown) (If res. sive war or dates or 100 15. WAS DECEASED EVER IN U. S. ARMED F (Yea. no. or anknown) (If res. sive war or dates or 100 15. WAS DECEASED EVER IN U. S. ARMED F (Yea. no. or anknown) (If res. sive war or dates or 100 16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 17 Als does not mean the under failure, astheria, etc. It means the discase, injury, or complication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT (Bpeedty) 21b. MAJOR FIND 21a. ACCIDENT (Bpeedty) 21b. MAJOR FIND 21a. ACCIDENT (Bpeedty) 22a. SIGNATURE 24a. BURIAL, CREMA- 195. 24b. DATE 55. 25. 26 COLOR OR RACE White Richard of works A (First) 26 COLOR OR RACE 27 MACE 28 MASS DECEASED 29 MASS DECEASED 20 MASS DECEASED 21 MASS DECEASED 21 MASS DECEASED 22 MASS DECEASED 23 MASS DECEASED 24b. DATE 24c. BURIAL, CREMA- 195. 24c. BURIAL, CREMA- 195. 24d. DATE 24d. DATE	STANDARD CERTIFIED MAY 10 1954 BIRTH MO	BIRTH NO. 1. PLACE OF DEATH a. COUNTY GASCONAGE D. CITY (If outside corporate limits, write RURAL and give normality) TOWN RURAL CANABA TWP. D. CITY (If outside corporate limits, write RURAL and give normality) TOWN RURAL CANABA TWP. D. CITY (If outside corporate limits, write RURAL and give normality) TOWN RURAL CANABA TWP. D. CITY (If outside corporate limits, write RURAL and give normality) TOWN RURAL CANABA TWP. D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. CITY (If outside corporate limits, write RURAL and give normality) D. MIGHTH OF NORMAN RURAL STATE MISSON C. CITY (If outside corporate limits, write RURAL and give normality) D. MARRIED NEVER MARKIED, S. C. LENGTH OF ROSE WIGOWED DIVORCED (Specify) WIGOWED DIVORCED (Specify) NOR MARKIED NEVER MARKIED, S. DATE OF BIRTH Sept. 26, 18 S	STANDARD CERTIFICATE OF DEATH BIRTH NO			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this c	ertificate w	as embalm	ed by me,	or by	
	Student	Embalmer	Ro		
orking under my personal supervision.					

Licensed Embalmer No. 3838

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.