

FILED AUG 23 1954

STANDARD CERTIFICATE OF DEATH

State File No. **26258**

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3000 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</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>9 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>614 N. 8th Street 10¹⁰</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>614 N. 8th Street</u>			

3. NAME OF DECEASED (Type or Print) <u>Lena Alice Estes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1954</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>
8. DATE OF BIRTH <u>Dec. 8, 1873</u>	9. AGE (In years) <u>80</u>	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 <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>M. B. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Estelle Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>U. B. Estes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>3-10</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank A. Smith, Columbia, Mo.</u>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardio-vascular-renal involvement</u>		?	
		DUE TO (c) <u>Senile debility</u>		?	
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"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from July 29, 1954, to Aug. 19, 1954, that I last saw the deceased alive on Aug. 19, 1954, and that death occurred at 8:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Taper, D.C.</u>		23b. ADDRESS <u>802 1/2 E. Broadway, Columbia, Mo.</u>		23c. DATE SIGNED <u>8/19/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/21/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u>	
24d. LOCATION (City, town, or county) (State) <u>Wishard, Boone, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Spurr</u>		ADDRESS <u>Columbia</u>	
DATE REC'D BY LOCAL REG. <u>Aug 20 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmere</u>		31-0	

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

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbus*

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.