

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12522

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Bell Flower</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. STREET ADDRESS (If outside, give location) <u>Unk</u>	
3. NAME OF DECEASED (Type or print) First <u>IRENE</u> Middle <u>ESTES</u> Last <u>ESTES</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>13</u> Year <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>26 April 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>57</u>
11. BIRTHPLACE (City and state or country) <u>Montgomery City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Henry A Estes</u>		14. MOTHER'S MAIDEN NAME <u>L. Maupin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk</u>		16. SOCIAL SECURITY NO. <u>Unk</u>	
17. INFORMANT <u>State Hospital Records</u>		Address <u>Fulton, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrine Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>Nov 1948</u> to <u>13 April 1956</u> and last saw her/him alive on <u>13 April 1956</u> Death occurred at <u>7:10 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>E. C. Kepler (G.S.W.) M.D.</u>		22b. ADDRESS <u>Fulton, Mo</u>	22c. DATE SIGNED <u>13 April 56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-16-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bellflower Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Bellflower Mo</u>
24. FUNERAL DIRECTOR <u>SONGS FUNERAL HOME</u>	ADDRESS <u>Bellflower Mo</u>	25. DATE RECD. BY LOCAL REG. <u>April 14, 1956</u>	26. REGISTRAR'S SIGNATURE <u>Maletta Lawrence</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by *me* Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Clarence Jones*
Licensed Embalmer No. *2*

P. O. Address *Bell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.