

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12657

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> <b>Christian</b> COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Selmore - Hixley Twp.</b>		c. LENGTH OF STAY (In this place) <b>4 yrs</b>		c. CITY OR TOWN <b>Selmore, Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Selmore Mo</b>				STREET ADDRESS (If rural, give location) <b>Selmore Mo</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle) <b>Clayton</b>		c. (Last) <b>Estep</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 7, 1956</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>8-1-1873</b>	
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>US A</b>	
13a. FATHER'S NAME <b>Joseph W Estep</b>			13b. MOTHER'S MAIDEN NAME <b>Louisa J Grady</b>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Jewell Estep. Ozark Mo</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Cerebral Thromb.</b> DUE TO (c) <b>uremic poisoning</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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) <b>592X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <b>Jan. 1956</b> , to <b>April 7, 1956</b> , that I last saw the deceased alive on <b>April 2, 1956</b> , and that death occurred at <b>m</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Warren H. Nelson, D.D. Ozark Twp.</b>				23b. ADDRESS		23c. DATE SIGNED <b>April 14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-10-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnutshade</b>		24d. LOCATION (City, town, or county) (State) <b>Taney Co Mo</b>	
DATE REC'D BY LOCAL REG <b>Apr. 16-1956</b>		REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>		ADDRESS <b>Ozark Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *T. B. Chaffin*.....

Licensed Embalmer No. *219*

P. O. Address *Ozark*.....

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.