

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **20117**

FILED JUL 16 1956

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| BIRTH NO. _____                                                                                                                                                                                                                                                    |  | REG. DIST. NO. <b>118</b>                                                                                      |  | PRIMARY REG. DIST. NO. <b>4188</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Registrar's No. <b>23</b>                                                                                                                                                                                                                               |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Gasconade</b><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Owensville</b><br>c. LENGTH OF STAY (In this place) <b>lifetime</b><br>d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b> |  |                                                                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b><br>c. CITY OR TOWN <b>Owensville</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>e. STREET ADDRESS (If rural, give location) <b>501 Apple</b>                                                                                         |  |                                                                                                                                                                                                                                                         |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Emmett Edwin Estes</b>                                                                                                                                                                                                   |  | a. (First) <b>Emmett</b> b. (Middle) <b>Edwin</b> c. (Last) <b>Estes</b>                                       |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1956</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                         |  |
| 5. SEX <b>male</b>                                                                                                                                                                                                                                                 |  | 6. COLOR OR RACE <b>white</b>                                                                                  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                                                                                                                                                                                                                                                                                                                                                                                        |  | 8. DATE OF BIRTH <b>July 14, 1896</b>                                                                                                                                                                                                                   |  |
| 9. AGE (In years last birthday) <b>59</b>                                                                                                                                                                                                                          |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Edge trimmer</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>shoe factory</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Rosebud, Mo.</b>                                                                                                                                                                                  |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                                                                                                                                                                                                                            |  | 13a. FATHER'S NAME <b>Milton Estes</b>                                                                         |  | 13b. MOTHER'S MAIDEN NAME <b>Caroline Baecker</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 14. NAME OF HUSBAND OR WIFE <b>Ada Emde Estes</b>                                                                                                                                                                                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                                                                                                                                                                                        |  | 16. SOCIAL SECURITY NO. <b>497-10-3852</b>                                                                     |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ada Estes Owensville, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                         |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                        |  |                                                                                                                |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer Prostate</b><br>INTERVAL BETWEEN ONSET AND DEATH <b>8 mos.</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b> |  |                                                                                                                                                                                                                                                         |  |
| 19a. DATE OF OPERATION <b>12-22-58</b>                                                                                                                                                                                                                             |  | 19b. MAJOR FINDINGS OF OPERATION <b>Cancer Prostate</b>                                                        |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                             |  | 21. HOW DID INJURY OCCUR?                                                                                                                                                                                                                               |  |
| 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>177X</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 22. I hereby certify that I attended the deceased from <b>12-28, 1955</b> , to <b>7-6, 1956</b> , that I last saw the deceased alive on <b>7-6, 1956</b> , and that death occurred at <b>10:15 a.m.</b> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE <b>Paula Brenner, M.D.</b>                                                                                                                                                                                                                          |  | 23b. ADDRESS <b>Owensville, Mo.</b>                                                                            |  | 23c. DATE SIGNED <b>7-7-56</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>                                                                                                                                                                                                 |  |
| 24b. DATE <b>7-9-1956</b>                                                                                                                                                                                                                                          |  | 24c. NAME OF CEMETERY OR CREMATORY <b>New Salem Cemetery</b>                                                   |  | 24d. LOCATION (City, town, or county) (State) <b>near Owensville, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                    |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>OWENSVILLE</b>                                                                                                                                                                                              |  |
| DATE REC'D BY LOCAL REG. <b>July 9, 1956</b>                                                                                                                                                                                                                       |  | REGISTRAR'S SIGNATURE <b>Mrs. Marino</b>                                                                       |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>OWENSVILLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                         |  |

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..... *Wilford H. H. Winter*

Licensed Embalmer No..... *38*

P. O. Address..... *OWEN, S.*

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.