

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24575**

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **301**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	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) 6 yrs.		e. STREET ADDRESS (If rural, give location) 639 East Fifth <i>080/0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 639 East Fifth			

3. NAME OF DECEASED (Type or Print) a. (First) LYLE		b. (Middle) W.		c. (Last) ESTES		4. DATE OF DEATH (Month) (Day) (Year) July 29, 1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 17, 1909	
9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) LaVeta, Colorado	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Electrician				10b. KIND OF BUSINESS OR INDUSTRY Retail Electric		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clarence J. Estes				13b. MOTHER'S MAILED NAME Bessie Woods		14. NAME OF HUSBAND OR WIFE Margaret Firsick Estes	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) Yes (If yes, give war or dates of service) World War II		16. SOCIAL SECURITY NO. 523-09-1995		17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Estes		ADDRESS 639 East 5th Sedalia, Mo.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **7-29, 1956**, to **7-29, 1956**, that I last saw the deceased alive on **7-29, 1956**, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. Jordan Kempf (Degree or title) MD		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 7-31-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug. 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Mo.	
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DATE REC'D BY LOCAL REG. 7-31-56		REGISTRAR'S SIGNATURE Lewina Coonts, Deputy		25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. ...		ADDRESS Sedalia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Stauffacher

AUG 8 1956

AUG 16 1956

OCT 4 1957

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 *Phane Ewing*

Licensed Embalmer No. *384*

P. O. Address *Sedalia*

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.