

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37994

FILED NOV 28 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4798

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (OR TOWN) Kansas City	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) 76 yrs.		e. STREET ADDRESS (If rural, give location) 1 West 61st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ADA	b. (Middle) F.	c. (Last) ESTILL	4. DATE OF DEATH (Month) (Day) (Year) Nov. 7, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 9, 1877	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Scotland 4	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Macdonald	13b. MOTHER'S MAIDEN NAME Agnes Mackie	14. NAME OF HUSBAND OR WIFE Ben R. Estill,
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ben R. Estill, 1 West 61st Street, KC. Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 15 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arterial Hypertension ^{331K}		5 plus years 5 plus years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Right Breast			3 years

19a. DATE OF OPERATION 7-1-1953	19b. MAJOR FINDINGS OF OPERATION Right Radical Mastectomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-15, 1955, to Nov. 7, 1956, that I last saw the deceased alive on Apr 6, 1956, and that death occurred at 7:20 P m., from the causes and on the date stated above.

23a. SIGNATURE Carl R. Ferris (Degree or title) MD	23b. ADDRESS 535 Angyle Bedg Kansas City, Mo	23c. DATE SIGNED Nov. 7, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 11-7-56	REGISTRAR'S SIGNATURE Reva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Missouri.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
Carl R. Ferris

Dr. Carl Harris
535 - 21st Street
12 - 5th Floor

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 *Clayton Barnes*

Licensed Embalmer No. 4793

P. O. Address *K.C., Mo.*

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.