

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41451**
Registrar's No. **5709**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 31 yrs.	c. CITY OR TOWN Kansas City North	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 Trinity Lutheran Hospital			STREET ADDRESS (If rural, give location) 533 East 43rd Terrace North		
3. NAME OF DECEASED (Type or Print) a. (First) JULIUS		b. (Middle) TROUSDALE	c. (Last) ESTES, JR.	4. DATE OF DEATH (Month) (Day) (Year) December 30th, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16th, 1920	9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postman		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	11. BIRTHPLACE (City and State or Foreign Country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Julius T. Estes, Sr.		13b. MOTHER'S MAIDEN NAME Anna Smith		14. NAME OF HUSBAND OR WIFE Sarah Estes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. II & Korea	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julius T. Estes, Sr., Kansas City, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pseudo-membranous enterocolitis ANTECEDENT CAUSES (b) Enterocolitis Morbidity conditions, if any, giving rise to the above cause (a) due to the underlying cause last. DUE TO (c) Unknown cause II. OTHER SIGNIFICANT CONDITIONS Recent resection of infected umbilical cyst				INTERVAL BETWEEN ONSET AND DEATH 1 to 7 days? 5711
19a. DATE OF OPERATION Dec-27-56	19b. MAJOR FINDINGS OF OPERATION Infected umbilical cyst			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Dec-17-1956 , to Dec-30-1956 , that I last saw the deceased alive on Dec-30-1956 , and that death occurred at 10:22 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Carl H. Brust			23b. ADDRESS 1060 W 14th St KC, Mo		23c. DATE SIGNED 12-31-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 2, 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. 1-1-57	REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary and Chapel, Kansas City, Mo.		

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

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 *Walter H. Erwin*.....

Licensed Embalmer No. *435*.....

P. O. Address *Kansas*
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.