

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27861**

FILED AUG 28 1957

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **100**

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| 1. PLACE OF DEATH a. COUNTY Cooper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville Missouri | | c. CITY OR TOWN New Franklin | 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 St. Joseph's Hospital | | e. STREET ADDRESS (If rural, give location) goodell 0450 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Chas b. (Middle) not named c. (Last) ESTILL | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1957 |
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|------------------|-------------------------------|---|---------------------------------------|--|---|---------------------------------------|
| 5. SEX M. | 6. COLOR OR RACE NEGRO | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH Aug. 22, 1957 | 9. AGE (In years last birthday) 0 | 10. UNDER 1 YEAR Months 0 Days 24 | 11. UNDER 24 HRS. Hour 24 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Boonville Mo | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Chas. Estill | 13b. MOTHER'S MAIDEN NAME Harris | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME Charles Estill ADDRESS New Franklin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia by | | INTERVAL BETWEEN ONSET AND DEATH from birth |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (b) PREMATURE SEPARATION, PLACENTA DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 7615 | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) A/D | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 **8-22, 1957** to **8-23, 1957** that I last saw the deceased alive on **8-23, 1957**, and that death occurred at **12:05 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE D. Hoover M.D. (Degree or title) | 23b. ADDRESS 329 Main St Boonville Mo. | 23c. DATE SIGNED 8-24-57 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 8/24/57 | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | 24d. LOCATION (City, town, or county) (State) Boonville, Mo |
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| DATE REC'D BY LOCAL REG. 8/24/57 | REGISTRAR'S SIGNATURE D. Hoover | 25. FUNERAL DIRECTOR'S SIGNATURE Mays + Parker ADDRESS Boonville, Mo |
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WRITE PLAINLY—USING UNFAADING 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 Body not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 394.....

P. O. Address Boonville.....

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.