

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28090
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cullers Hospital			Length of stay in lb	d. STREET ADDRESS 110 1/2 E. 9th St. (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Wiley Hobbs Estes			4. DATE OF DEATH Month Day Year Aug. 25, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 23, 69	9. AGE (In years last birthday) 87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fire Chief		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grundy Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James S. Estes			14. MOTHER'S MAIDEN NAME Elizabeth Hobbs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-28-1084	17. INFORMANT Address Charlie E. Estes, Davenport, Ia.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Myocarditis</i> <i>arteriosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 422					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Aug 1 57 to Aug 25 57 and last saw her alive on 8/25/57 Death occurred at 4:30 p on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. J. Mairs</i> (Degree or title) M.D.			22b. ADDRESS Trenton Mo		22c. DATE SIGNED 8/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/28/1957	23c. NAME OF CEMETERY OR CREMATORY Rose Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Trenton, Mo.	
24. FUNERAL DIRECTOR Gipson Funeral Home Trenton, Mo.		25. DATE RECD. BY LOCAL REG. 8/27/57		26. REGISTRAR'S SIGNATURE <i>June Jaw</i>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leo G. Whitaker*

Licensed Embalmer No. *4*

P. O. Address *Trent*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.