

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35424

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1012

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Christian		
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sparta, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 6days	d. STREET ADDRESS (If outside, give location) Sparta Mo		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PIREL Middle ESTEP Last ESTEP			4. DATE OF DEATH October 18, 1957 Month October Day 18 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1896	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Estep		13b. MOTHER'S MAIDEN NAME Vina L. Wood		14. NAME OF HUSBAND OR WIFE Gladys Estep	
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. 592X	17. INFORMANT Hospital Records Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis					INTERVAL BETWEEN ONSET AND DEATH sev. yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a).) arterial hypertension					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ 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 Springfield, Missouri		COUNTY Taney STATE Missouri
21. I attended the deceased from 1955 to Oct. 18 '57 and last saw him alive on Oct. 18 '57 Death occurred at 5:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. D. Hans (Degree or title) M.D.			22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 10-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-20-57	23c. NAME OF CEMETERY OR CREMATORY Walnut Shade		23d. LOCATION (City, town, or county) (State) Taney County, Missouri	
24. FUNERAL DIRECTOR Chaffin Funeral Home ADDRESS Ozark, Mo.			25. DATE RECD. BY LOCAL REG. 10-22-57	26. REGISTRAR'S SIGNATURE Walter Williamson	

Name: _____ Sex: _____ Race: _____
 Date of Birth: _____
 Place of Birth: _____
 Date of Death: _____
 Cause of Death: _____
 Place of Death: _____
 Date of Embalming: _____
 Place of Embalming: _____
 Name of Embalmer: _____
 License No.: _____
 Address: _____
 City: _____ State: _____

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 Max Rhodes
 Licensed Embalmer No. 4071
 P. O. Address _____

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.