

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017169

STATE FILE NUMBER

FILED MAY 5 1958 Registration District No. 378 Primary Registration District No. 4582 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MT. GROVE</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>SIMMONS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last <b>HATTIE VIOLA ESTES</b>			4. DATE OF DEATH Month Day Year <b>MAR. 9 1958</b>
5. SEX <b>FE.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 21 1886</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>ARK.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>JOHN CARTWRIGHT</b>		13b. MOTHER'S MAIDEN NAME <b>DOVIE USSERY</b>	
14. NAME OF HUSBAND OR WIFE <b>SCOTT ESTES</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>SCOTT ESTES SIMMONS MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4500</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? 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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <b>Feb. 10-1958</b> to <b>Mar. 9-1958</b> and last saw her <sup>her</sup> alive on <b>Mar. 8-1958</b> Death occurred at <b>10:10 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. H. Plummer M.D.</b>		22b. ADDRESS <b>MM. Lane Mo.</b>	
22c. DATE SIGNED <b>4-24-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3/12/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>OAK DALE</b>		23d. LOCATION (City, town, or county) (State) <b>TEXAS CO MO</b>	
24. FUNERAL DIRECTOR <b>ELLIOTT FUNERAL HOME</b>		ADDRESS <b>HOUSTON MO</b>	
25. DATE RECD. BY LOCAL REG. <b>4-25-58</b>		26. REGISTRAR'S SIGNATURE <b>A. B. Barnes</b>	

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

MEDICAL CERTIFICATION

MAY 12 1958

MAY 16 1958

RECEIVED  
WRIGHT CO. HEALTH DEPT.  
LABORATORY  
5-3-58  
County File Number  
Date Filed

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 *Frank E. Hood* .....

Licensed Embalmer No. *4026*

P. O. Address *Houston, TX*

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.