

Health,
Welfare
Public
Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020863
STATE FILE NUMBER

Delayed
FILED JUN 17 1958

Registration District No. 32 Primary Registration District No. 5110 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Firmore Twp. Rural</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Grassy</u> <u>0090</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 Mi - W. Lutesville</u> Length of stay in lb _____		d. STREET ADDRESS (If outside, give location) <u>10 miles West of Lutesville, Mo.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Tom William Estes</u>			4. DATE OF DEATH Month <u>April</u> Day <u>29</u> Year <u>1958</u>
5. SEX <u>M. U.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-1-1903</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (City and state or country) <u>Bollinger County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Estes</u>		14. MOTHER'S MAIDEN NAME <u>Ida</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT Address <u>Kattie Estes, Chaffee, Mo.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive hemorrhage into lungs</u> DUE TO (b) <u>Penetrating (bullet)</u> DUE TO (c) <u>Self inflicted with shot gun</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Found dead in his farm house. August held. Coroner and prosecuting attorney notified</u>		
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20e. CITY, TOWN, OR LOCATION <u>Grassy</u>	20f. COUNTY, STATE <u>Bollinger Mo.</u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from <u>April 29</u> to <u>29</u> and last saw him alive on <u>April 29, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>April 29, 1958</u>		
22a. SIGNATURE (Degree or title) <u>T. J. Freitas, M.D.</u>	22b. ADDRESS <u>2 Lutesville Mo.</u>	22c. DATE SIGNED <u>6-4-58.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 30, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRASSY CEM-</u>	23d. LOCATION (City, town, or county) (State) <u>BOLLINGER Mo.</u>
24. FUNERAL DIRECTOR <u>Chen & Sons</u> ADDRESS <u>Subsall</u>	25. DATE RECD. BY LOCAL REG. <u>6/14/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader.</u>	

(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 embalmed
by me, or by Walter J. Ford Student Embalmer No. 55
working under my personal supervision..

Student Walter J. Ford
Signature of Student Embalmer

Signed J. L. Long
Licensed Embalmer No. 38
P. O. Address Cape Hill

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.