Health, & Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004806
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ElDorado Spg's Mo. — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cedar
c. CITY OR TOWN: ElDorado Spg's Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 310n Grand — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Maude Middle: C. Last: Estes

4. DATE OF DEATH: Month 2 Day 20 Year 59

5. SEX: F.M. **6. COLOR OR RACE**: Wh **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 4-12-1879 **9. AGE** (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife **10b. KIND OF BUSINESS OR INDUSTRY**:

11. BIRTHPLACE (City and state or country): St.Clair Co Mo. **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Jerome Jennings **13b. MOTHER'S MAIDEN NAME**: Addie Wilcoxon **14. NAME OF HUSBAND OR WIFE**: W.L.Estes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: W.L.Estes ElDorado Spg's Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): decompensated Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 30 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerosis — gre
DUE TO (c): Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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, 58, to Feb 20, 1959 and last saw her/him alive on Feb 20, 1959
Death occurred at 2:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Uric Lundeen D.O. **22b. ADDRESS**: ElDorado Spg's Mo **22c. DATE SIGNED**: 2-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 2-22-59 **23c. NAME OF CEMETERY OR CREMATORY**: City Cemetary **23d. LOCATION** (City, town, or county) (State): ElDorado Spg's Mo.

24. FUNERAL DIRECTOR: Nafus. ElDorado Spgs Mo **ADDRESS**
25. DATE RECD. BY LOCAL REG.: 2-24-59
26. REGISTRAR'S SIGNATURE: George W Nafus

(Licensed Embalmer's Statement on Reverse Side)

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

W.M. C. SONDERWIRTH, DR

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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address El Monte Calif

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.