

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001291

FILED VS FEB 2 1960

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 2 mo.		c. CITY OR TOWN Fayette		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Elm Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 101 N. Howard		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SIDNEY Middle OTIS Last ESTILL				4. DATE OF DEATH Month Jan. Day 28 , Year 1960				
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 6/5/33	9. AGE (last birthday) 26	IF UNDER 1 YEAR Months 7 Days 25	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY National Garment Co. Howard Co. Mo		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Otis B. Estill			13b. MOTHER'S MAIDEN NAME Ethel L. Moyer			14. NAME OF HUSBAND OR WIFE Pansy Scribner		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.II			16. SOCIAL SECURITY NO. 493-38-3536		17. INFORMANT Address Mrs Sidney O. Estill Fayette, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion. DUE TO (b) Unknown DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 min.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK <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 1-15-60 to 1-28-60 and last saw him alive on 1-28-60 Death occurred at 5:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Wm Shaw MD (Degree or title)				22b. ADDRESS Fayette Mo.		22c. DATE SIGNED 1-29-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/30/60	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Fayette, Missouri				
24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo			25. DATE RECD. BY LOCAL REG. 1-29-60		26. REGISTRAR'S SIGNATURE Katherine Welch			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

