

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

60-006058

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Howard</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fayette</i>		Length of stay in 1b <i>61 yrs.</i>		c. CITY OR TOWN <i>Fayette</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>114 Louisiana</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>114 Louisiana</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIE G ESTILL</i>				4. DATE OF DEATH Month Day Year <i>March 9 1960</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Aug 6 - 1898 61</i>	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Teaching</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Howard Co, Mo U.S.A.</i>	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>Seaton Estill</i>			13b. MOTHER'S MAIDEN NAME <i>Mary Payne</i>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mollie Walker, Fayette, Mo.</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Secondary Anemia</i> DUE TO (b) <i>Intestinal Bleeding</i> DUE TO (c) <i>adenocarcinoma of sigmoid</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>2 mo.</i> <i>2 mo</i> <i>3 years</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>none</i>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> Natural <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>none</i>					
20c. TIME OF INJURY Hour Month, Day, Year								
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 <i>July 1955</i> to <i>Mar 9, 1960</i> and last saw him <i>her</i> alive on <i>Mar 9, 1960</i> Death occurred at <i>7:15 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Wm J. Shaw, Jr M.D.</i> (Degree or title)				22b. ADDRESS <i>Lee Hospital, Fayette, Mo</i>		22c. DATE SIGNED <i>3-11-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<i>Burial</i>	<i>March 12-1960</i>	<i>City Cemetery</i>		<i>Fayette, Mo.</i>		<i>Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
<i>Mrs Stuart Parker, Columbia, Mo.</i>			<i>3-11-60</i>		<i>Katherine Welch</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS MAR 14 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George P. [Signature]

Licensed Embalmer No. 4425

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.