

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016091

FILED VS APR 19 1960

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 721

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Livingston	a. STATE Missouri b. COUNTY Livingston		admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe	Length of stay in 1b 3Life	c. CITY OR TOWN Chillicothe	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 200 Conn	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Minnie	Middle Estes	Last Winfrey	4. DATE OF DEATH	Month April	Day 9	Year 1960
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5. SEX Female	6. COLOR OR RACE Colored	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1881	9. AGE (last birthday) 79	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months		Days
				Hours		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Meadville MO	12. CITIZEN OF WHAT COUNTRY U. S. A
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13a. FATHER'S NAME Jerry Estes	13b. MOTHER'S MAIDEN NAME Honnoraitta Jones	14. NAME OF HUSBAND OR WIFE Romie Winfrey D
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT Oliver Sheilds Chillicothe, M
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral hemorrhage	36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive vascular disease	unknown
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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 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.)
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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
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21. I attended the deceased from July 1953 to April 9, 1960 and last saw her alive on April 8, 1960
Death occurred at 5:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William L. Fair (Degree or title) M.D.	22b. ADDRESS Chillicothe, MO	22c. DATE SIGNED 4/12/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 11-60	23c. NAME OF CEMETERY OR CREMATORY South cemetery	23d. LOCATION (City, town, or county) Chillicothe, Mo.
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24. FUNERAL DIRECTOR Keeny-Lindley Funeral Home Chillicothe Mo.	25. DATE RECD. BY LOCAL REG. 4/12/60	26. REGISTRAR'S SIGNATURE Frances B Neill
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 20 1960

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 B. J. Lindley

Licensed Embalmer No. 482

P. O. Address Chillicothe

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.