

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-041267

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 471 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside/corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u> Length of stay in 1b <u>1 DAY</u>		c. CITY OR TOWN <u>OAK RIDGE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>SO. EAST MO. HOSPITAL</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>NEAR OAK RIDGE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ELVIS Middle ESTES Last ESTES 4. DATE OF DEATH Month 11 Day 14 Year 1960

5. SEX <u>M</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>1-8-1908</u>	9. AGE (last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>BOLLINGER CO. U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEE ESTES</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN PULLIAM</u>	14. NAME OF HUSBAND OR WIFE <u>RUBY ESTES</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-24-2556</u>	17. INFORMANT <u>MAZIE BRYANT CHAFFEE, Mo.</u> Address <u></u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>24 hr.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u>	<u>2 yrs.</u>
DUE TO (c) <u>-</u>	

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. Yes No 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 May 1958 to 11-14-60 and last saw ^{from} him alive on 11-14-60. Death occurred at 10:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. J. McDonald, MD.</u> (Degree or title)	22b. ADDRESS <u>Jackson, Mo.</u>	22c. DATE SIGNED <u>11-27-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>LUTESVILLE, Mo.</u>
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24. FUNERAL DIRECTOR <u>BAKER FUNERAL HOME, LUTESVILLE, Mo.</u> ADDRESS <u></u>	25. DATE RECD. BY LOCAL REG. <u>11-30-60</u>	26. REGISTRAR'S SIGNATURE <u>Jane Kasten</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 5 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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va

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.