

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

-61-007834

STATE FILE NUMBER

AMENDED

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 11

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | | | | |
|---|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kingston</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Kingston</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Berry Rest Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>O.</u> Last <u>Esteb</u> | | | 4. DATE OF DEATH Month <u>2</u> Day <u>28</u> Year <u>1961</u> | | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-15-1881</u> | 9. AGE (last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laber, ret.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Shop</u> | 11. BIRTHPLACE (City and state or country) <u>Kingston, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>John Thomas Esteb</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alice O. James</u> | | 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) | | | 17. INFORMANT <u>Mrs Forest Hill Kingston, Mo.</u> Address | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | DUE TO (b) | | 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"/> N- <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.) | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | 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 <u>Kingston Caldwell Mo.</u> | COUNTY | STATE | | |
| 21. I attended the deceased from <u>12-31-60</u> to <u>2-28-61</u> and last saw ^{him} live on <u>2-28-61</u> Death occurred at <u>4 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <u>Frank R. Daley, M.D.</u> | | | 22b. ADDRESS <u>Hamilton, Mo.</u> | | 22c. DATE SIGNED <u>3-1-61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>3-2-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Kingston Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Kingston, Mo.</u> | | | |
| 24. FUNERAL DIRECTOR <u>Cramer Clark. Kingston, Mo.</u> | | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Mar 8 - 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u> | | |

APR 27 1967

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,

~~XXXXXX~~ _____, ~~Student Embalmer~~ ~~XXXXXX~~

~~XXXXXX under my personal supervision~~ ~~XXXXXX~~

Student _____

Signature of Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo

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.