

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008095

AMENDED

Registration District No. 80 Primary Registration District No. 5306 Registrar's No. 3

STATE FILE NUMBER

FILED VS MAR 14 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion Township</u>		c. CITY OR TOWN <u>Centertown</u>	
Length of stay in lb. <u>3 1/2 yrs.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Centertown Rural</u>		d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Helen</u> Middle <u>Edith</u> Last <u>Estep</u>			4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1961</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</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>7-10-1910</u>
9. AGE (last birthday) <u>50</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>clothing store</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Beaty King</u>	
13b. MOTHER'S MAIDEN NAME <u>Tessie Arvin</u>		14. NAME OF HUSBAND OR WIFE <u>Homer Estep</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Homer W. Cole Centertown Mo</u>	
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>Preliminary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Thrombosis Septicemic Venae</u>			<u>10 days</u>
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.)	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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 <u>Feb 27-61</u> to <u>March 9</u> and last saw her alive on <u>March 9, 61</u>		Death occurred at <u>7:30 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>H. P. [Signature]</u>		(Degree or title)	22b. ADDRESS <u>Jefferson City Mo</u>
22c. DATE SIGNED <u>3/10/61</u>		22d. SIGNATURE <u>Minnie Hittmaneyer</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>3-10-1961</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Selmore Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ozark, Missouri</u>
24. FUNERAL DIRECTOR <u>Bowlin Funeral Home, Colton, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Mar. 11</u>	26. REGISTRAR'S SIGNATURE

JUN 15 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 me,

or by John R. Bowlin, Student Embalmer No. 614

working under my personal supervision.

Student John R. Bowlin
Signature of Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California 170.

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.