ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-013164
STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 148

AMENDED

FILED MAY 1 1961

1. PLACE OF DEATH
a. COUNTY DeKalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairport — Length of stay in 1b: 5Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY DeKalb
c. CITY OR TOWN Fairport — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle JANE Last ESTEP
4. DATE OF DEATH: Month April Day 14 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct 15 1878
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: 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:
11. BIRTHPLACE (City and state or country): Vernon County Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Christopher Pittsenbarger
13b. MOTHER'S MAIDEN NAME: Elizabeth Giffin
14. NAME OF HUSBAND OR WIFE: Ira Estep
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
17. INFORMANT: Mrs.Mildred Magee Address: Fairport Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 1 year ago
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 12 1961 to April 14 1961 and last saw her alive on April 14 1961
Death occurred at 8:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Fowler (Degree or title) D.O.
22b. ADDRESS Maysville Missouri
22c. DATE SIGNED 4/17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE 4-17-1961
23c. NAME OF CEMETERY OR CREMATORY: Fairport
23d. LOCATION (City, town, or county) (State): Fairport Missouri

24. FUNERAL DIRECTOR: Pilcher Funeral Home ADDRESS: Maysville Missouri
25. DATE RECD. BY LOCAL REG. 4-24-61.
26. REGISTRAR'S SIGNATURE Lettie E. Davidson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed C. T. Pilcher
C. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville 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.