

AMENDED

Registration District No. 118 Primary Registration District No. 5439 Registrar's No. 20

STATE FILE NUMBER

FILED JUL 5 1961

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Canaan Twp.</b>		Length of stay in 1b <b>lifetime</b>		c. CITY OR TOWN <b>Rosebud, Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Farm Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rural Route</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Alva Lafayette Estes</b>				4. DATE OF DEATH Month Day Year <b>June 26, 1961</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-20-1894</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (City and state or country) <b>near Rosebud, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Milton Estes</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Baecker</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Heseemann Estes</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no **</b>		16. SOCIAL SECURITY NO. <b>494-3809845A</b>		17. INFORMANT <b>Mrs. Cora Estes</b>		Address <b>Rosebud, Mo. R.</b>	
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>Right Hemiplegia Due To Thrombosis, Cerebral</u> DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>12 Hrs.</u> <u>3 1/2.</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. <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 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		COUNTY		STATE	
21. I attended the deceased from <u>1958</u> to <u>6-26-61</u> and last saw him alive on <u>6-25-61</u> . Death occurred at <u>5 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Pearl Brown, M.D.</u> (Degree or title)				22b. ADDRESS <u>Owensville, Mo.</u>		22c. DATE SIGNED <u>6-26-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6-28-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>E &amp; R Cemetery</b>		23d. LOCATION (City, town, or county) <b>Owensville, Mo.</b>		(State)	
24. FUNERAL DIRECTOR <b>Gottenstroeter Funeral Home</b> <b>OWENSVILLE, MO.</b> <i>McFarland &amp; H. W. Winkler</i>				25. DATE RECD. BY LOCAL REG. <b>June 28, 1961</b>		26. REGISTRAR'S SIGNATURE <i>Chas. Marvin Jappmeyer</i>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Jerry A. Thompson, Student Embalmer No. 624  
 working under my personal supervision.

Student Jerry A. Thompson  
 Signature of Student Embalmer

Signed Myford H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.