

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006357

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 10

FILED FEB 19 1962

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Howard</b>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fayette</b>		Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>New Franklin</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>Lee Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt. 1 Estill Sta.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <b>Clifton</b> Middle <b>Rodes</b> Last <b>ESTILL</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>12,</b> Year <b>1962</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>Feb. 26, 1883</b>		9. AGE (last birthday) <b>78</b>		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) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>		11. BIRTHPLACE (City and state or country) <b>Howard County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>									
13a. FATHER'S NAME <b>Wallace Estill</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Etta Forbis</b>				14. NAME OF HUSBAND OR WIFE <b>Elizabeth W. Woods</b>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Elizabeth W. Estill New Franklin</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) <b>Cerebral hemorrhage</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) <b>Coronary attack</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>2 years</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Coronary attack</b>								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 <b>5:20 P.M.</b> Month, Day, Year <b>Feb 9, 62</b>				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 <b>Fayette Mo.</b>		COUNTY <b>Howard</b>		STATE <b>Missouri</b>			
21. I attended the deceased from <b>Feb 9, 62</b> to <b>Feb 12-62</b> and last saw him alive on <b>2-12-62</b> Death occurred at <b>5:20 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.										22a. SIGNATURE <b>Wm J Shaw, M.D.</b> (Degree or title)		22b. ADDRESS <b>Fayette Mo.</b>		22c. DATE SIGNED <b>2-16-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 15, 1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant Cem</b>				23d. LOCATION (City, town, or county) (State) <b>New Franklin, Missouri</b>									
24. FUNERAL DIRECTOR <b>Markland - Hall New Franklin, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>2-16-62</b>		26. REGISTRAR'S SIGNATURE <b>Katherine Welch</b>											

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 29 1963

**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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin,

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.