

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008136

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 23

FILED MAR 6 1963

1. PLACE OF DEATH a. COUNTY <u>Ripley</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u> Length of stay in 1b <u>7 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Mem. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Carter</u> c. CITY OR TOWN <u>Grandin</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 checked="" type="checkbox"/>	
--	--	---	--

3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Jane</u> Last <u>Estes</u>			4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1963</u>			
5. SEX <u>Female</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>11/29/83</u>	9. AGE (last birthday) <u>79</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) <u>Ripley Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Solomon Brooks</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Estes Dec.</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>	16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Mrs. Grace Burleson Doniphan, Mo.</u> Address _____
---	-------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Urinary Tract Infection 1 wk</u> DUE TO (c) <u>Cerebrovascular Accident 6 wk.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da</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 Jan, 63 to death and last saw her alive on 3-2-63.
 Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Gene A. Larson, M.D. Doniphan, Mo.</u>		22b. ADDRESS _____		22c. DATE SIGNED <u>3-4-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/3/1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Ripley County, Missouri</u>					

24. FUNERAL DIRECTOR <u>Edwards Funeral Home Doniphan, Mo.</u> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <u>3-3-63</u>		26. REGISTRAR'S SIGNATURE <u>Wanda W. M.</u>	
--	--	--	--	--	--

DO NOT WRITE ON THIS STUB

AMENDED

VS-300 Rev. 4/59

0910
20180

3
4 1
5 2
6
7 0
8 2

9331X

10
11
12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 13 1963

Permit issued 3-3-63 J.B.

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 Jack L. Cunningham, Student Embalmer No. 676

working under my personal supervision.

Student Jack L. Cunningham
Signature of Student Embalmer

Signed Gene Harrent

Licensed Embalmer No. 4809
P. O. Address Naylor, 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.