

FILED SEP 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30004

State File No. ....

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOORE'S RESTHOME</u>		d. STREET ADDRESS (If rural, give location) <u>201 N. 2nd St.</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>MARION</u> c. (Last) <u>ESTELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 20, 1949</u>	
5. SEX <u>M. W.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAR 31, 1886</u>
9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
13a. FATHER'S NAME <u>FRANCIS M. ESTELL</u>		13b. MOTHER'S MAIDEN NAME <u>MILLIE C. JULIAN</u>	
14. NAME OF HUSBAND OR WIFE <u>0</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jra Estell, Clinton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u> DUE TO (c) <u>Asthma</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>9/17</u> , 19 <u>49</u> , to <u>9/20</u> , 19 <u>49</u> that I last saw the deceased alive on <u>9/20</u> , 19 <u>49</u> , and that death occurred at <u>7 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Ed. C. Peeler (M.D.)</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>9/20/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>SEPT 21, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Teto Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>H. A. Cassant</u>	
DATE REC'D BY LOCAL REG <u>Sept 28-49</u>		REGISTRAR'S SIGNATURE <u>Flource Adair</u>	

RECEIVED

District Health Officer No. 7

District File Number 8-49-1158

Date Filed 9-26-49

SEP 29 1949

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 .....  
Student Embalmer

Signed N. A. Varsant

Licensed Embalmer No. 3779

P. O. Address Helixton, 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 this body is not embalmed, fact should be so stated above.