

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

4581

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 29

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>HENRY</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>WRIKCH</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>WRIKCH</u>   |  |
| c. LENGTH OF STAY (If in this place)<br><u>25 years</u>                               |  | d. STREET ADDRESS (If rural, give location)   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>at home</u>                             |  |   |  |

|  |                                  |  |   |   |  |
|--|----------------------------------|--|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>ALVIN</u> b. (Middle) _____ c. (Last) <u>ESTEP</u>           |                                  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>FEB 13 1951</u>       |   |  |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u> | 8. DATE OF BIRTH<br><u>AUG 11 1869</u>                            | 9. AGE (In years last birthday)<br><u>81</u>          | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RETIRED FARMER</u> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (State or foreign country)<br><u>KILBOURN ILL.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>    |
| 13a. FATHER'S NAME<br><u>GEORGE ESTEP</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>                              |   | 14. NAME OF HUSBAND OR WIFE<br><u>Ada South Estep</u> |  |

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Carl Estep, Housasville, Mo</u> |  | ADDRESS<br><u>705 S. 1st St.</u> |
|--|--|---|--|----------------------------------|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 da</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>urine nephritis</u> |  |   |
|   | DUE TO (c) <u>1</u>  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        | 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 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 1-15, 1951, to 2-13, 1951, that I last saw the deceased alive on 2-12, 1951, and that death occurred at 2-12 p.m., from the causes and on the date stated above.

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>M.D.</u> | 23b. ADDRESS<br><u>Clinton Mo</u> | 23c. DATE SIGNED<br><u>2-14-51</u> |
|---|-----------------------------------|------------------------------------|

|  |                               |  |   |
|--|-------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Feb 16 51</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>White Oak Cemetery, Wriek, Mo</u> | 24d. LOCATION (City, town, or county) (State)                         |
| DATE REC'D BY LOCAL REG.<br><u>Feb-16-51</u>               |                               | REGISTRAR'S SIGNATURE<br><u>Florence Adams</u>                             | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>N. Z. Samsart, Clinton, Mo</u> |

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

420

**RECEIVED** 2-19-51  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 2-19-51

FEB 22 1951

**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, ~~as by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. J. Vansant* \_\_\_\_\_

Licensed Embalmer No. *3779* \_\_\_\_\_

P. O. Address *Clinton, 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.