

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30491**

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **283**

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | c. LENGTH OF STAY (In this place) 15 Days | c. CITY OR TOWN Urich | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Hospital | | e. STREET ADDRESS (If rural, give location) Her Home | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) ADA b. (Middle) E. c. (Last) ESTEP | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH April 23, 1872 | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Days 5 YEAR 8 IF UNDER 1 HRS. Hours 5 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Ill. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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| 13a. FATHER'S NAME William F. Cobb | 13b. MOTHER'S MAIDEN NAME Nancy Ann Ware | 14. NAME OF HUSBAND OR WIFE Deceased |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. Name | 17. INFORMANT'S SIGNATURE OR NAME Carla Estep, Kansas City, Mo. | ADDRESS 3527 Enclid, |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 2 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cerebral hemorrhage | | 14 days |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 33ix | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min.) | 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 **April 24, 1956**, to **10/1**, 1956 that I last saw the deceased alive on **9/30**, 1956, and that death occurred at **1:58 A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE R. Powell | (Degree or title) D.O. Clinton Mo. | 23b. ADDRESS | 23c. DATE SIGNED 10/2/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Oct. 3, 1956 | 24c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery | 24d. LOCATION (City, town, or county) (State) Urich, Mo. Rural |
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| DATE REC'D BY LOCAL REG. 10-3-56 | REGISTRAR'S SIGNATURE Mildred Bigum | 25. FUNERAL DIRECTOR'S SIGNATURE N. Gussert, Clinton Mo. | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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

526

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..... *A. J. Vansant*

Licensed Embalmer No. *3778*

P. O. Address..... *Clinton, N.Y.*

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.