

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018608

FILED VS MAY 17 1960

53

Primary Registration District No. 3010

Registrar's No. 191

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>CAPE</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SOUTH EAST MO. HOSP -</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>SCOTT</u> c. CITY OR TOWN <u>CHAFFEE</u> d. STREET ADDRESS (If outside, give location) <u>129 GRAY AVE.</u>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN WILLARD ESTES</u>				4. DATE OF DEATH Month Day Year <u>MAY 7, 1960</u>					
5. SEX <u>MALE</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>JUNE 11 1881</u>		9. AGE (last birthday) (IF UNDER 1 YEAR) (IF UNDER 24 HR) <u>78</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY ENGINEER (RET)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FRISCO RLY. CO.</u>		11. BIRTHPLACE (City and state or country) (YEAR) <u>FARMINGTON Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOE MELVIN ESTES</u>				13b. MOTHER'S MAIDEN NAME <u>EMMA FLORENCE CUNNINGHAM</u>		14. NAME OF HUSBAND OR WIFE <u>ROSETTA MARY ESTES.</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 Address <u>C. R. ESTES SR - SPRINGFIELD, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Wraemia</u> DUE TO (c) <u>Cancer prostate, obstructive ureters</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 wks</u> <u>2 months</u> <u>6 mos</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension Arteriosclerosis</u>						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 <u>4-29-60</u> to <u>5-7-60</u> and last saw ^{her} him alive on <u>5-6-60</u> Death occurred at <u>7 am</u> <u>5-7-60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Paul B. Neubaum MD</u>				22b. ADDRESS <u>1855 Broadway Cape Girardeau Mo</u>				22c. DATE SIGNED <u>5-10-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAY 9, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>FARMINGTON, MO.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Bispling & Haff Funeral Home - CHAFFEE, MO</u>				25. DATE RECD. BY LOCAL REG. <u>5-11-60</u>		26. REGISTRAR'S SIGNATURE <u>Irene Kasten</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 27

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee,

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.