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5. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24713**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3052** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond		c. CITY OR TOWN Orrick	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 weeks		e. STREET ADDRESS (If rural, give location) Orrick, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clemons Rest Home			

3. NAME OF DECEASED (Type or Print) Charles Byron Estes			4. DATE OF DEATH (Month) (Day) (Year) July 29 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 10, 1865		9. AGE (In years last birthday) 90		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Near Cameron, Missouri	

13a. FATHER'S NAME John Swanson Estes		13b. MOTHER'S MAIDEN NAME Mary Jane Kenny		14. NAME OF HUSBAND OR WIFE Pearl Dorton Estes	
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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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Estes, Orrick, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured left hip		INTERVAL BETWEEN ONSET AND DEATH 3 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio Vascular disease		10 years	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 45		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) Orrick	
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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?	
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22. I hereby certify that I attended the deceased from **Feb 1, 1956**, to **July 29, 1956**, that I last saw the deceased alive on **July 29, 1956**, and that death occurred at **4:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. E. Q. Rowan		23b. ADDRESS S.B.D.O.T. Richmond, Mo.		23c. DATE SIGNED 7/30/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Aug 2-56		24b. DATE Aug 2-56		24c. NAME OF CEMETERY OR CREMATORY S. Point Cem.	
				24d. LOCATION (City, town, or county) (State) Orrick Mo.	

DATE REC'D BY LOCAL REG. July 30 - 56		REGISTRAR'S SIGNATURE Malcolm Jackson		25. FUNERAL DIRECTOR'S SIGNATURE B.W. Good	
				ADDRESS Orrick, Missouri	

(Licensed Embalmer's Statement on Reverse Side) By **Wilbur McFee**

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

0891
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273

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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..... Charles F. Tyle

Licensed Embalmer No. 4584

P. O. Address Liberty 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.