

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 15 1957

State File No. **2421**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **4446** Registrar's No. **2**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY RAY | | 2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Mo. b. COUNTY RAY | |
| b. CITY (If outside corporate limits, write RURAL and give township) HARDIN | | c. CITY OR TOWN HARDIN | 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 HOMER DAUGHTER | | e. STREET ADDRESS (If rural, give location) 0890 | |

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|---|----------------------------------|--|------------------------|--|---|---|
| 3. NAME OF DECEASED (Type or Print) ESTELLA | | a. (First) ESTELLA | b. (Middle) BEA | c. (Last) SEE | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 7, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH AUG. 15, 1891 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (City and State or Foreign Country) MACON COUNTY, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME CHARLES W. BADGEROW | | 13b. MOTHER'S MAIDEN NAME SARAH ELIZABETH GATES CLELL SEE | | 14. NAME OF HUSBAND OR WIFE FERN SUMMERS - HARDIN, Mo. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 495-26-2891 | | 17. INFORMANT'S SIGNATURE OR NAME FERN SUMMERS - HARDIN, Mo. | |

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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) Holgers Disease | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Carcinoma C | | 2 | |
| DUE TO (c) Metastases | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 1 | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., to 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 **Jan 1, 1956** to **Jan 7, 1957** that I last saw the deceased alive on **Jan 7, 1957** and that death occurred at **9:30 a.m.** from the causes and on the date stated above.

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|---|--|--|--|--|--|
| 23a. SIGNATURE E. S. [Signature] (Degree or title) | | 23b. ADDRESS [Address] | | 23c. DATE SIGNED 1-10-57 | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial | | 24b. DATE 1-9-57 | | 24c. NAME OF CEMETERY OR CREMATORY HARDIN CEM. | |
| DATE REC'D BY LOCAL REG. Jan 10, 1957 | | REGISTRAR'S SIGNATURE Mabel Gasker | | 24d. LOCATION (City, town, or county) (State) HARDIN Mo. | |

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|--|--|-----------------------------|--|
| 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | | ADDRESS [Address] | |
|--|--|-----------------------------|--|

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

273
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MS
OCT 15 1939

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 *August Boeckering*.....

Licensed Embalmer No. *4678*

P. O. Address *Hardin, W.*

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.