

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36722**

FILED NOV 29 1949

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **1337**

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

1. PLACE OF DEATH a. COUNTY COOPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. LENGTH OF STAY (in this place) 48 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 JACKSON STREET			d. STREET ADDRESS (If rural, give location) 2 JACKSON STREET		
3. NAME OF DECEASED (Type or Print) VIRLEE OVERTON			4. DATE OF DEATH NOV. 19 - 1949		
5. SEX MALE		6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH NOV. 25-1900	9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY DAY WORK		11. BIRTHPLACE (State or foreign country) BOONVILLE - MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES OVERTON		13b. MOTHER'S MAIDEN NAME CORA TAYLOR	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ?	
17. INFORMANT'S SIGNATURE OR NAME GEORGE OVERTON-BOONVILLE MO.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Degenerative Myocarditis		19. INTERVAL BETWEEN ONSET AND DEATH 4222	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.		23. SIGNATURE (Degree or title) M. L. DeGraeger	
23b. ADDRESS 5127 - Carver, Boonville Mo		23c. DATE SIGNED 11/23/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE NOV. 23-1949		24c. NAME OF CEMETERY OR CREMATORY GOOCH'S MILL CEM.		24d. LOCATION (City, town, or county) (State) GOOCH'S MILL MO	
DATE REC'D BY LOCAL REG. Nov 23-49		REGISTRAR'S SIGNATURE D. Cooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEGNER FUNERAL HOME-BOONVILLE MO.	

RECEIVED NOV 28

District Health Officer No. 8,

District File Number _____

Date Filed 11-28-49

DEC 10 1949

[Handwritten signature]

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 _____
Student Embalmer

Signed _____

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE, - 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.