

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

364

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>7 da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campbell</u> <u>035th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>city</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Eliza</u> c. (Last) <u>Overall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>11</u> <u>1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Jan. 8, 1862</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathaniel Corley</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Brodie Wm. Overall</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. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lannes McCutchen Campbell Mo</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Hypostatic edema</u> <u>4 days</u> DUE TO (c) <u>Fractured hip</u> <u>6 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E90410</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Campbell Dunklin Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1</u> <u>5</u> <u>50</u> <u>m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell in home</u> <u>035th</u>		
22. I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>50</u> , to <u>1-11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-10</u> , 19 <u>50</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>H. Creacher M.D.</u>			23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>1/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery Campbell, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo</u>		

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

JAN 20³ REC'D

150-39
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Christina M. Landers*.....

Licensed Embalmer No. *4227*.....

P. O. Address *Campbell, 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.