

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7536

 State File No. 03113032
 Registrar's No. 148

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0124</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, give name of institution and residence before admission.) a. STATE <u>Missouri</u> <u>Butler</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>46 Yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <u>Poplar Bluff,</u>		d. STREET ADDRESS (If rural, give location) <u>228 Hazel St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTY</u>			b. (Middle) <u>OVERTON</u>	c. (Last) <u>WILLIAMS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1952</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>21 Jan 1884</u>	9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (State or foreign country) <u>Morehouse, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Aaron Overton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Cornell</u>		ADDRESS <u>Poplar Bluff, 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>Tobacco Pneumonia 4 days</u> ANTECEDENT CAUSES <u>Cardiac Insufficiency 2 yrs</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>and Undernourishment</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		490X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1949</u> , to <u>March 26, 1952</u> , that I last saw the deceased alive on <u>March 25, 1952</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. H. Burton</u> (Degree or title) _____			23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>4-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>27 March 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-3-52</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FRANK-COTRELL Poplar Bluff, Mo.</u>		

RECEIVED
APR 7 - 1952
BUTLER CO. HEALTH CENTER
FILE No. 452-186

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 W. H. Knight

Licensed Embalmer No. 4514

P. O. Address 412 W. 1st St. Piquette, Mich.

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.