

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23527**

FILED JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3900** Registrar's No. **254**

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 N. Main		d. STREET ADDRESS (If rural, give location) 601 W. Michigan	

3. NAME OF DECEASED (Type or Print) Harry Elwood Overstreet			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 27, 1904	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sampler (Creamery)		10b. KIND OF BUSINESS OR INDUSTRY Creamery		11. BIRTHPLACE (State or foreign country) Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James M. Overstreet	13b. MOTHER'S MAIDEN NAME Fannie Todd	14. NAME OF HUSBAND OR WIFE Sylvia (Thudium) Overstreet
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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. 493 28 3152	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Sylvia Overstreet 601 W. Michigan Kirkville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) over exertion		DUE TO (c) employment - extreme temperature change.		
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 4201	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)
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **July 16, 1952**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard R. Ware, D.O. (Degree or title)	23b. ADDRESS 1102 E. Normal, Kirkville, Mo.	23c. DATE SIGNED 7/21/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Price Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan Co - Mo.
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DATE REC'D BY LOCAL REG. 7-23-52	REGISTRAR'S SIGNATURE Kate Lambert	25. FEDERAL DIRECTOR'S SIGNATURE AND ADDRESS Robert B. Davis, Kirkville, Mo.
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STATE OF MISSOURI

DEPARTMENT OF HEALTH

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 Robert B. Davis _____

Licensed Embalmer No. 4219 _____

P. O. Address Kirkville, 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.