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FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18607

BIRTH NO.		REG. DIST. NO. 180	PRIMARY REG. DIST. NO. 5672	Registrar's No. 8
1. PLACE OF DEATH a. COUNTY LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Burr Oak T.		c. LENGTH OF STAY (In this place) 0570		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mile west - Winfield		d. STREET ADDRESS (If rural, give location) 4 mile west - WINFIELD		
3. NAME OF DECEASED (Type or Print) a. (First) OPAL b. (Middle) FLORENCE c. (Last) OVERALL		4. DATE OF DEATH (Month) (Day) (Year) MAY 16, 1953		
5. SEX FEMALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-8-1898	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) RED-FOLEY, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Albert DAVIS		13b. MOTHER'S MAIDEN NAME LULA CANNON	14. NAME OF HUSBAND OR WIFE OYIE OVERALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS OYIE OVERALL - Winfield, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure (b) Metastasis of Carcinoma of Pancreas (c) DUE TO (b) of Pancreas II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 157X			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Oct 1952 to May 16, 1953, that I last saw the deceased alive on May 15, 1953 and that death occurred at 8:00 p.m., from the causes and on the date stated above.				
23a. SIGNATURE H. L. Kelly, D.O.		23b. ADDRESS Troy Mo.		23c. DATE SIGNED May 25 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-18-53	24c. NAME OF CEMETERY OR CREMATORY New Salem	24d. LOCATION (City, town, or county) RED Winfield, Mo.	
DATE REC'D BY LOCAL REG. MAY 23 - 1953	REGISTRAR'S SIGNATURE Emma B. Riddle	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvert's Elsberry, Mo.		

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

AUG 5 1953

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 *[Handwritten Signature]*

Licensed Embalmer No. 4012

P. O. Address *[Handwritten: E. Cherry, Jr.]*

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.