

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>5799</u>		Registrar's No. <u>1</u>		
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MARION</u>		c. LENGTH OF STAY (in this place) <u>3 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MARION TWP</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.=HOLLIDAY 0690</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. HOLLIDAY</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D.=HOLLIDAY 0690</u>				
3. NAME OF DECEASED (Type or Print) <u>BRADLEY</u>			a. (First)	b. (Middle)	c. (Last) <u>OVERFELT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4TH 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 13, 1881</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>MONROE Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>W.H. OVERFELT</u>			13b. MOTHER'S MAIDEN NAME <u>SUSIE HAYES</u>		14. NAME OF HUSBAND OR WIFE <u>LILLIE PEARL OVERFELT</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>MRS. JOE HORTON, PARIS, 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>Liver and Thrombosis</u> ANTECEDENT CAUSES <u>W.D. 5 yrs</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>W.D. 5 yrs</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u> <u>MIH</u>	
19a. DATE OF OPERATION <u>SEPT. NOV. 1953</u>	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) <u>4201</u>				
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 <u>Jan 2, 1954</u> to <u>1-4, 1954</u> , that I last saw the deceased alive on <u>1-4, 1954</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W.M. Bushnell M.D.</u>				23b. ADDRESS <u>PARIS, MO.</u>		23c. DATE SIGNED <u>1-5-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 6, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HOLLIDAY, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>1-5-54</u>	REGISTRAR'S SIGNATURE <u>Calvin Robertson 471-3</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed of Blakely</u>		ADDRESS <u>PARIS, MISSOURI</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1911

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.....

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.