

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16317

State File No.

FILED JUN 3 1954

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>84</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson County Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tulip Hill</u>		c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Twp Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Jackson County Home</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson Co Home</u>				d. STREET ADDRESS (If rural, give location) <u>Jackson County Home</u>					
3. NAME OF DECEASED s. (First) <u>JESS</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>OVERTON</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1954</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			
8. DATE OF BIRTH <u>April 30 1884</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumberman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>			
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>Enter Mo</u>		13a. FATHER'S NAME <u>James Overton</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Antle</u>			
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or 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>Mrs M.A. Tommie</u> ADDRESS <u>Blue Springs 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>arteriosclerosis</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>1 day</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500			
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) (Min) _____			
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>May</u> , 19 <u>54</u> , to <u>May 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>54</u> , and that death occurred at <u>6 P.M.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard W. Blangford</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Jackson County Home</u>		23c. DATE SIGNED <u>5-17-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/18/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Kan</u>			
DATE REC'D BY LOCAL REG. <u>5/18/54</u>		REGISTRAR'S SIGNATURE <u>R.B. Blangford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.B. Blangford</u> ADDRESS <u>Lee's Summit Mo</u>		_____			

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

W B Langford

Licensed Embalmer No. *3853*

P. O. Address *Lee's Summit*

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.