

FILED JUL 3 1956

STATE OF MISSOURI
CERTIFICATE OF DEATH

State File No. 20910

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 276

| | | | | | | | |
|--|------------------------------|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | | c. LENGTH OF STAY (in this place) DOA | | c. CITY OR TOWN JOPLIN | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL | | | | e. STREET ADDRESS (If rural, give location) 1216 MURPHY AVENUE 04950 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) HARRISON c. (Last) OVERALL | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 21, 1956 | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH AUG. 6, 1891 | | 9. AGE (In years last birthday) 64 if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). WELDER | | 10b. KIND OF BUSINESS OR INDUSTRY GENERAL STEEL PRODUCTS | | 11. BIRTHPLACE (City and State or Foreign Country) WENTWORTH, MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME WILLIAM OVERALL | | | 13b. MOTHER'S MAIDEN NAME DAILA MOORE | | 14. NAME OF HUSBAND OR WIFE MRS. TRESSIE OVERALL | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES SPAN. AMER. | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. TRESSIE OVERALL, 1216 MURPHY AVE. | | | |
| 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) Coronary occlusion with infarction INTERVAL BETWEEN ONSET AND DEATH 20 minutes ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 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) | | | |
| 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 July 21, 1951 , to June 21, 1956 , that I last saw the deceased alive on 6-19-56, 1956 , and that death occurred at 2:20 P.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE J. R. Kahn, Jr., M.D. (Degree or title) | | | | 23b. ADDRESS 321 Frisco Building, Joplin, Missouri | | 23c. DATE SIGNED 6-22-56 | |
| 24a. BURIAL: CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6-23-56 | | 24c. NAME OF CEMETERY OR CREMATORY SUMMIT CEMETERY | | 24d. LOCATION (City, town, or county) (State) Mt. VERNON, MISSOURI | |
| DATE REC'D BY LOCAL REG. 6-26-56 | | REGISTRAR'S SIGNATURE Noice Merriam | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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Date Filed JUL 1956

JUL 12 1956

FEB 14 1957

JUL 30 1956

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 Signature of Student Embalmer

Signed *F. M. Jones* Licensed Embalmer No. 231

P. O. Address *Joplin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.