THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40880

STATE FILE NUMBER

FILED JAN 2 1957

Registration District No. 69 Primary Registration District No. 5272 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Twsp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hi. #60 Length of stay in 1b 1 hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE N. Mexico b. COUNTY
c. CITY OR TOWN Albuquerque 8300 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 408 Coal Ave., SW Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WOODIE Middle CECIL Last OVERMAN

4. DATE OF DEATH Month Dec. Day 20, Year 1956

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH March 21, 1896

9. AGE (In years last birthday) 60

IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY - - - - -

11. BIRTHPLACE (City and state or country) Leigh, Iowa 1

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George W. Hugaboom

14. MOTHER'S MAIDEN NAME Mary Elizabeth Winders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address Francis W. Hugaboom, Buffalo, Okla.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Automobile Accident

DUE TO (c) 8161

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 26

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Deceased thrown against dash of car in head-on collision with truck. 022

20c. TIME OF INJURY Hour 11:30 a. m. / p. m. Month, Day, Year 12-20-56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hi. #60

20f. CITY, TOWN, OR LOCATION Polk Twsp. COUNTY Christian STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 11:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glean Harris (Degree or title) Coroner Christian Co

22b. ADDRESS Clever, Missouri

22c. DATE SIGNED 12/21/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 12/22/1956

23c. NAME OF CEMETERY OR CREMATORY Evans Funeral Home

23d. LOCATION (City, town, or county) (State) Hillsboro, Ohio

24. FUNERAL DIRECTOR Glean Harris ADDRESS Clever, Mo.

25. DATE RECD. BY LOCAL REG. 12-22-1956

26. REGISTRAR'S SIGNATURE Olive Hutter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this page. Do not use abbreviations or ditto marks. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 15 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Jolean Harris.....

Licensed Embalmer No. 439

P. O. Address ...Clever, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.