V.S. No. 300
REV. 10.48

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

FILED MAR 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11804

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 6

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Castor
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoddard Co. Route M Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN: Bloomfield | 103
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): LOUIS
c. (Last): OVERBEY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 27, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug. 17, 1926
9. AGE (In years last birthday): 30 — IF UNDER 1 YEAR: Months 5 Days 10 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Crop farming
11. BIRTHPLACE (City and State or Foreign Country): Bell City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Seth P. Overbey
13b. MOTHER'S MAIDEN NAME: Carrie E. Farmer
14. NAME OF HUSBAND/OR WIFE: ------

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.: 486326979
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Seth P. Overbey, Bell City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest and severe internal injuries — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES — *Morbid 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
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 2 Mi. W. Aquilla,
21c. (CITY, TOWN, OR TOWNSHIP) 103 **(COUNTY) (STATE)**: Mo. on Route M - Bloomfield, MO. R.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 27, 1957 2:PM m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tractor turned over & crushed him.

22. *I hereby certify that I attended the deceased from* ----, *19*--, *to* ---------, *19*--, *that I last saw the deceased alive on* ---------, *19*--, *and that death occurred at* 2:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Marsh W Adams **(Degree or title)**: Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 2-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 30-57
24c. NAME OF CEMETERY OR CREMATORY: Tillman cemetery
24d. LOCATION (City, town, or county) (State): Stoddard co. Missouri

DATE REC'D BY LOCAL REG.: 2-1-57
REGISTRAR'S SIGNATURE: Lois E. Mooney
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CHILES UND. CO. BLOOMFIELD, MO.

(Licensed Embalmer's Statement on Reverse Side)

510
1

STATEMENT BY LICENSED EMBALMER

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

by me, ~~&~~ by Lulu Cooper # 3499, ~~Student Embalmer~~ No.

~~working under my personal supervision~~.

Student ..... Signature of Student Embalmer

Signed Ivan C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, M

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