

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17-2783

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2224

S. 300 0
v. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) Research Hospital		Length of stay in lb 2 wks.	d. STREET ADDRESS (If outside, give location) 1308 Mabel Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ERNEST OVERMAN			4. DATE OF DEATH Month May Day 12 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 15, 1888
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and state or country) Lindley, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles W. Overman	
13b. MOTHER'S MAIDEN NAME Josephine Meet		14. NAME OF HUSBAND OR WIFE Gladys S. Overman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 488-40-7920	17. INFORMANT Dr. S. L. Coleman Address Research Hospital Trenton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 90 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Embolism			20 hrs
DUE TO (c) Septicemia Ca. Colon			5 days
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153+			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Death occurred at 5/31/55 to 5/12/57 and last saw her alive on 5/12/57 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Dr. S. L. Coleman, M.D.		22b. ADDRESS 826 Prof. Dr. S. L. Coleman	22c. DATE SIGNED 5/12/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/13/1957	23c. NAME OF CEMETERY OR CREMATORY Trenton, Missouri
23d. LOCATION (City, town, or county) Trenton, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Stine & McClure - Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-13-57	26. REGISTRAR'S SIGNATURE newmanishall

Robert C. McCannan
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *D. H. Noflinger*

Licensed Embalmer No. *3938*

P. O. Address *A. C. 710*

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.