

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018410

STATE FILE NUMBER

2486

FILED JUN 5 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2486

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5716 Tracy</b>		Length of stay in lb <b>28 years</b>	d. STREET ADDRESS (If outside, give location) <b>5716 Tracy</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mr. Clarence Roy Over</b>			4. DATE OF DEATH Month Day Year <b>May 15, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 25, 1888</b>		9. AGE (In years - last birthday) <b>69</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Manager with</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Midwest Records</b>		11. BIRTHPLACE (City and state or country) <b>Omaha, Nebraska</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					
13a. FATHER'S NAME <b>Reynolds R. Over</b>		13b. MOTHER'S MAIDEN NAME <b>Lillian Sheeley</b>		14. NAME OF HUSBAND OR WIFE <b>Lillie Over</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-10-2527-EM</b>		17. INFORMANT Address <b>Mrs. Lillie Over 5716 Tracy</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crossion &amp; rupture of pulm. artery.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Bronchogenic carcinoma</b> DUE TO (c) <b>2 extension.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>approx 8 mos</b> <b>10-21</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 <b>1955</b> to <b>May 15, 1958</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>4/24/58</b> Death occurred at <b>7 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Philip De Paster, MD</b>			22b. ADDRESS <b>518 Argyle Bldg, KC, Mo</b>		22c. DATE SIGNED <b>May-16-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 17, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Stine &amp; McClure Und. Co., K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-16-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

All diseases in Part I must be causally related.

Philip D. Reister, Jr. REGISTERED ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

518 Orange Bldg.

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 Eugene L. Henn

Licensed Embalmer No. 4633  
P. O. Address A. C. No

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.