

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024313
Stat. No.

FILED JUN 24 1958

BIRTH NO. 44536-7 REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4801 Registrar's No. 22

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

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Bloomfield</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Clinic</u> | | e. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>"Baby"</u> b. (Middle) c. (Last) <u>Overton</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6 7 58</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u> | 8. DATE OF BIRTH <u>6-6-58</u> |
| 9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomfield Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Jack Overton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Norma Lewis</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>—</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u> 16. SOCIAL SECURITY NO. <u>—</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Jack Turnipseed</u> | | ADDRESS <u>Puxico, Mo</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATELECTASIS - bilateral</u> INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature birth</u> DUE TO (c) <u>unknown</u> 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 <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) <u>7625 Puxico Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 <u>6-6-</u> , 19 <u>58</u> , to <u>6-7-</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-7-</u> , 19 <u>58</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Name and title) <u>James O. Cameron D.O.</u> | | 23b. ADDRESS <u>Bloomfield, Mo</u> | |
| 23c. DATE SIGNED <u>6-18-58</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>6-7-58</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rock Hill</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Puxico Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blond Morgan</u> | |
| 25. ADDRESS <u>Puxico Mo</u> | | DATE REC'D BY LOCAL REG. <u>6-27-58</u> | |
| REGISTRAR'S SIGNATURE <u>Mrs. Healy L. Parker</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blond Morgan</u> | |
| 25. ADDRESS <u>Puxico Mo</u> | | 25. ADDRESS <u>Puxico Mo</u> | |

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..

Not embalmed

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.