

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031712

STATE FILE NUMBER

FILED SEP 19 1958

Registration District No. 32 Primary Registration District No. 5114 Registrar's No. 53

090
S. 3003
1-57

1. PLACE OF DEATH a. COUNTY <u>Bollinger</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, give TOWNSHIP only) OR TOWN <u>Wayne</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Puxico</u> <u>1030</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ada May Groeber Overton</u>			4. DATE OF DEATH Month Day Year <u>Aug 1 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>3</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug 9 1922</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Puxico Mo</u>
13a. FATHER'S NAME <u>Oscar Overton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Sinks</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>509-24-4339</u>	17. INFORMANT <u>Willie Overton</u> Address <u>Puxico Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Increased Intra-cranial Pressure</u> DUE TO (c) <u>Neuroinvasive Brain Stem</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated in the terminal disease condition given in PART I (a) <u>Struck by Automobile (Pedestrian)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u> <u>acute</u> <u>acute</u> <u>suspicion</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>by a automobile going south on Hi-way 51 South</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>7-3</u> p.m. <u>58</u>		20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <u>Highway 51 South of Zelma Mo. approx. 2 miles. Driver of auto unknown by</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Highway 51 South of Zelma Mo. Near Zelma, Bollinger, Missouri</u>	
21. I attended the deceased from <u>dead on way arrival</u> to <u>her arrival</u> and last saw her <u>alive on</u> on the <u>21st</u> stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Corona Albert Kamala</u> (Name or Title)		22b. ADDRESS <u>Bollinger County Missouri</u>	
22c. DATE SIGNED <u>Aug 26/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-2-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u>	23d. LOCATION (City, town, or county) <u>Puxico Mo</u>
24. FUNERAL DIRECTOR <u>Floyd Morgan</u> ADDRESS <u>Puxico Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9/18/58</u>	26. REGISTRAR'S SIGNATURE <u>Mr. Buford Craker</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Every entry, even most use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 14 1959

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 *Raymond Morgan*

Licensed Embalmer No. 4493

P. O. Address Advance, Miss

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.