

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035735

FILED VS OCT 26 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 222

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON		a. STATE MISSOURI		b. COUNTY FRANKLIN	
Length of stay in 1b D.O.A.		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.		c. CITY OR TOWN ST. CLAIR		d. STREET ADDRESS (If outside, give location)	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Inside Limits <input type="checkbox"/> Yes <input type="checkbox"/> No		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. NAME OF DECEASED (Type or print) First Middle Last DOINNA OVERALL				4. DATE OF DEATH Month Day Year OCT. 16, 1959			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAY 11, 1945	9. AGE (last birthday) 14	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL		11. BIRTHPLACE (City and state or country) ST. CLAIR, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LLOYD OVERALL		13b. MOTHER'S MAIDEN NAME MAUDIE HAWKINS		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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT LLOYD OVERALL		Address ST. CLAIR, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		Smotherage from traumatic rupture of liver				30 min?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) Subject was passenger					
20c. TIME OF INJURY Hour 11:05 Month, Day, Year 10/16/59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 41 at St Clair Franklin Mo.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION St Clair		COUNTY Franklin		STATE Mo.		
21. I attended the deceased from 9 to 11:45 and last saw her him live on 11:45 m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS [Address]		22c. DATE SIGNED 10/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT. 20, 1959	23c. NAME OF CEMETERY OR CREMATORY MT. ZION		23d. LOCATION (City, town, or county) ST. CLAIR, MO.		(State)
24. FUNERAL DIRECTOR CASEY-LENOX ADDRESS ST. CLAIR, MO.			25. DATE RECD. BY LOCAL REG. 10/19/59		26. REGISTRAR'S SIGNATURE [Signature]		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 K. M. LENOX, JR., Student Embalmer No. 575
working under my personal supervision.

Student K. M. Lenox, Jr.
Signature of Student Embalmer

Signed K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, Va.

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.