

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 44 2 8 6

FILED VS. DEC 2 1 1959 149 Primary Registration District No. 1002 Registrar's No. 5720 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 hrs.		c. CITY OR TOWN Muncie		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 344 N. 72		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Leonard James (John) Overman				4. DATE OF DEATH Month Day Year Nov. 24, 1959									
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 6-26-1889		9. AGE (last birthday) 70		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) Gen. Rd. Master				10b. KIND OF BUSINESS OR INDUSTRY U. P. R. R.		11. BIRTHPLACE (City and state or country) West Plains, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Thomas A. Overman				13b. MOTHER'S MAIDEN NAME Anna Larsen				14. NAME OF HUSBAND OR WIFE Owen Overman					
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. 712-03-6773		17. INFORMANT Address Mrs. Gwen Overman 344 N. 72nd. Muncie Kans.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) dissecting aneurysm aorta										INTERVAL BETWEEN ONSET AND DEATH 4 hrs.			
DUE TO (b) generalized arteriosclerosis										4 yrs.			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arteriosclerotic heart disease										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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.)									
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 2-1 -55 to 11-24-59 and last saw her/him alive on 11-24-59 Death occurred at 10:20P. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Joseph A. Butler</i>				22b. ADDRESS Rialto Bldg. K. C. Mo.				22c. DATE SIGNED 11-25-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-28-59		23c. NAME OF CEMETERY OR CREMATORY Chapel Hills Memorial		23d. LOCATION (City, town, or county) (State) Kansas City, Kans.							
24. FUNERAL DIRECTOR Jos. A. Butler's Sons K. C. Kans.				25. DATE RECD. BY LOCAL REG. 11-27-59		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>							

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
Owens

Ch

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 *Charles L. Sant*, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Chester L. Sant*

PZ-42-11

PZ-42-11

22-1-5

Licensed Embalmer No. *2230*

P. O. Address *Kansas City, Kansas*

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.