

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS. DEC 28 1959 391

Primary Registration District No. 4505 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bell City		Length of stay in 1b yrs.	c. CITY OR TOWN Bell City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----
3. NAME OF DECEASED (Type or print) First SETH Middle P. Last OVERBEY			4. DATE OF DEATH Month Nov. Day 16, Year 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 2-26-1888
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 8 Days 20	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY crop farming	11. BIRTHPLACE (City and state or country) Advance, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Robert Overbey	
13b. MOTHER'S MAIDEN NAME Cordelia Bollinger		14. NAME OF HUSBAND OR WIFE Lucy Overbey	
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 Address Lucy Overbey-Bell City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH instant
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 type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year		
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 <u>June 22, 1959</u> to <u>Nov. 16, 1959</u> and last saw him alive on <u>Oct 28, 1959</u> Death occurred at <u>2 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. C. Masten M.D.		22b. ADDRESS Advance Mo.	22c. DATE SIGNED Nov 27, 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 19-59	23c. NAME OF CEMETERY OR CREMATORY Tillman cemetery	23d. LOCATION (City, town, or county) (State) Stoddard co., Missouri
24. FUNERAL DIRECTOR ADDRESS CHILES UND.CO. Bloomfield, Mo.		25. DATE RECD. BY LOCAL REG. 12/1/59	26. REGISTRAR'S SIGNATURE Bernice Moore

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

& by Lulu Cooper # 3499, ~~Student Embalmer~~ No. _____

~~using my own personal possession.~~

Student _____

Signature of Student Embalmer

Signed Lulu B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo

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.