

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11158**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Groutley 70	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Marshall Township	c. LENGTH OF STAY (in this place) 13 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State School 2		d. STREET ADDRESS (If rural, give location) 1 2	

3. NAME OF DECEASED (Type or Print)	a. (First) Gilbon	b. (Middle) Smith	c. (Last) Overton	4. DATE OF DEATH (Month) (Day) (Year) mch - 24 - 1949
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5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH mch - 8 - 1930	9. AGE (In years last birthday) 19 yrs	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Trenton Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Langdon H. Overton	13b. MOTHER'S MAIDEN NAME Eva. Page	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME Records Mo. State School	ADDRESS Marshall
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1021	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-24**, 19**49**, to **3-24**, 19**49**, that I last saw the deceased alive on **3-23**, 19**49**, and that death occurred at **5 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE P. O. Kelly M.D.	(Degree or title) U	23b. ADDRESS Marshall Mo	23c. DATE SIGNED 3/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE mch - 24 - 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Laredo Missouri
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DATE REC'D BY LOCAL REG. Mar 24 - 1949	REGISTRAR'S SIGNATURE Frederic J. Gray	385	25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall Mo
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No. 300
10.48
9100
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-29-49

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
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall 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 this body is not embalmed, fact should be so stated above.