

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19010**

FILED JUN 29 1949
BIRTH NO. **40575-49** REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **74**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If rural, give location) ST. JOSEPH'S HOSPITAL	

3. NAME OF DECEASED (Type or Print)	a. (First) MARLENE	b. (Middle) ANN	c. (Last) OVERSTREET	4. DATE OF DEATH (Month) (Day) (Year) JUNE 20-1949
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JUNE 20-1949	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 2 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (State or foreign country) BOONVILLE - MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HUGH OVERSTREET JR.	13b. MOTHER'S MAIDEN NAME LOUISE BARRINGHAUS	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HUGH OVERSTREET JR.	ADDRESS FRANKLIN MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 776X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity 5 mo		
	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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	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 **6-20, 1949**, to **6-20, 1949**, that I last saw the deceased alive on **6-20, 1949**, and that death occurred at **2:35 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. Chamberlain	23b. ADDRESS New Franklin	23c. DATE SIGNED 6-21-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 21-1949	24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY	24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.
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DATE REC'D BY LOCAL REG. Jun 21-49	REGISTRAR'S SIGNATURE De Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE STEGNER FUNERAL HOME - BOONVILLE	ADDRESS _____
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RECEIVED JUN 28

District Health Officer No. 8,

District File Number

Date Filed

6-28-49

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 _____

Not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed

James W. Stegner

Signed.....

Student Embalmer

Licensed Embalmer No.

3780

P. O. Address

Boonville, 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.