

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20284

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Decatur	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leon	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) Jehu c. (Last) Overholtzer			4. DATE OF DEATH (Month) (Day) (Year) June 29 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-12-1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY agriculture		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Samuel Overholtzer		13b. MOTHER'S MAIDEN NAME Harriet Jones		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. Howard Overholtzer <i>mercer mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertensive cardiovascular disease		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Carcinoma of the prostate		years 4 1/2 year	

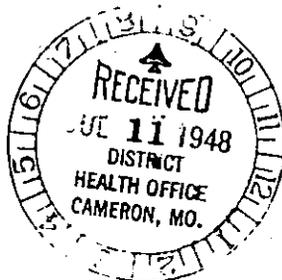
19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 29, 1949**, to **June 29, 1949**, that I last saw the deceased alive on **June 29, 1949**, and that death occurred at **2:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo. J. Dawson M.D.		23b. ADDRESS Box 89, Mercer, Missouri	23c. DATE SIGNED 6/30/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-1-49	24c. NAME OF CEMETERY OR CREMATORY Franklin	24d. LOCATION (City, town, or county) (State) Near Leon Decatur, Iowa

DATE REC'D BY LOCAL REG. 7-2-49	REGISTRAR'S SIGNATURE M. J. Ruth Dep.	393	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank S. Stewart LEON IOWA
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.

Signed Frank S. Stewart

Signed.....
Student Embalmer

Licensed Embalmer No. 3756

P. O. Address LEON IOWA

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.