

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31216

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville	c. LENGTH OF STAY (in this place) 5 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) 109 1/2 East 4th	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLEY b. (Middle) OSCAR c. (Last) OVERLAY			4. DATE OF DEATH (Month) (Day) (Year) 9 23 49		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/28/88	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting	11. BIRTHPLACE (State or foreign country) Bigelow, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Overlay	13b. MOTHER'S MAIDEN NAME Laura Higel	14. NAME OF HUSBAND OR WIFE Ray Lenora McMahan Over-
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charley Overlay, Maryville
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

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 Sept 23, 1949, to Sept. 23, 1949, that I last saw the deceased alive on Sept 23, 1949, and that death occurred at 5:50 P m., from the causes and on the date stated above.

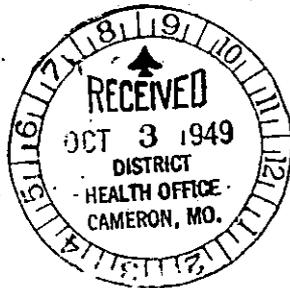
23a. SIGNATURE (Degree or title) P. F. Byland M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 9-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/26/49	24c. NAME OF CEMETERY OR CREMATORY Maitland	24d. LOCATION (City, town, or county) (State) Maitland, Missouri
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DATE REC'D BY LOCAL REG. 9-30-49	REGISTRAR'S SIGNATURE Bess Holt	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

14
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2



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 John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.