S. No. 300
v. 10.48

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

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20388

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2773

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Trinity Luthern Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Des Moines 8140
d. STREET ADDRESS (If rural, give location): 1411 Locust St. 8

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): C.
c. (Last): OVERTON

4. DATE OF DEATH (Month) (Day) (Year): 6 - 22 - 50

5. SEX: Fe.
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 10 - 5 - 1887
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Ladies Apparal Store
11. BIRTHPLACE (State or foreign country): Mercer County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Alanzo Young
13b. MOTHER'S MAIDEN NAME: Albina Overton
14. NAME OF HUSBAND OR WIFE: Arthur Overton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Cassie Mc Reynolds, Lawson, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cardiac dilatation

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): multiple fractures of
DUE TO (c): ribs + pelvis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: C 82 22

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 025
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-way
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cameron Clinton Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-18-50 m.
21e. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Car overturned, non collision

22. *I hereby certify that I attended the deceased from* Pathologist *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack H. Hill
(Degree or title): M.D.
23b. ADDRESS: 8001 Wyandotte St KC Mo
23c. DATE SIGNED: 22 June 50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6 - 22 - 50
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): Des Moines, Iowa

DATE REC'D BY LOCAL REG.: 6-22-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Meldody-McGilley-Eylar, K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Signed _____
Student Embalmer

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.