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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1950

State File No. 38004

BIRTH NO. 75708-50 REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry 0570
d. STREET ADDRESS (If rural, give location): 305 South 7 th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Morris
b. (Middle): --
c. (Last): Overton

4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1950

5. SEX: Male 2
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: Nov. 2, 1950
9. AGE (In years last birthday): --
IF UNDER 1 YEAR: Months -, Days 7
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Louisiana, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wilbur overton
13b. MOTHER'S MAIDEN NAME: Oriva Mae Crumes
14. NAME OF HUSBAND OR WIFE: --------

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: Wilbur Overton, Elsberry, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Delayed P.P. Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

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. 7600

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-2, 1950, *to* 11-9, 1950, *that I last saw the deceased alive on* 11-9, 1950, *and that death occurred at* 6:30A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L R Johnson Jr MD
23b. ADDRESS: Louisiana, Mo.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Nov. 10/50
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Clarksville, Mo.

DATE REC'D BY LOCAL REG.: Nov 10, 1950
REGISTRAR'S SIGNATURE: Bernice Collier 874
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Carla Ficks, Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 18 1950
DISTRICT HEALTH OFFICE #2
District File Number 11-50-1937
Date Filed: NOV 22 1950

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, ~~XXXX~~ .....

.....

working under my personal supervision.

~~XXXXXXXXXXXXXXX~~ .....

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Mo.

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, this should be so stated above.