

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41879**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **227**

723

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

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winfield</b>	
c. LENGTH OF STAY (in this place) <b>3 hours</b>		d. STREET ADDRESS (If rural, give location) <b>0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ethel</b> b. (Middle) <b>Minerva</b> c. (Last) <b>Overall</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 22, 1950</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>married</b>	8. DATE OF BIRTH <b>11 June 1916</b>	9. AGE (In years) (Last birthday) Months Days Hours Min. <b>34 6 11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>DeSoto, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Frank White</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel Parker</b>		14. NAME OF HUSBAND OR WIFE <b>Olan Overall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Olan Overall - Winfield, Mo.</b>	

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 <b>7 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial hypertension</b> DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>35V</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **6-27, 1950**, to **12-22, 1950**, that I last saw the deceased alive on **12-22, 1950**, and that death occurred at **5:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert M. Hull, M.D.</b>		23b. ADDRESS <b>ELSBERY MISSOURI</b>		23c. DATE SIGNED <b>12-24-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 24, 1950</b>	24c. NAME OF CEMETERY OR CREMATOR <b>New Salem</b>	24d. LOCATION (City, town, or county) (State) <b>Winfield, RFD, Mo.</b>	

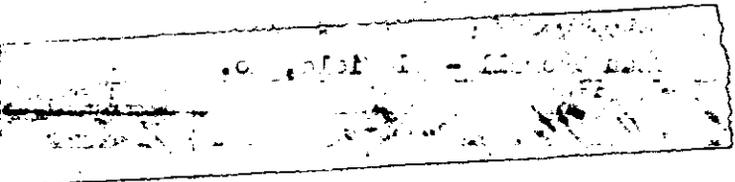
DATE REC'D BY LOCAL REG <b>Dec 24-50</b>	REGISTRAR'S SIGNATURE <b>Kenneth H. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Charles ...</b>	ADDRESS <b>Elsberry, Mo.</b>
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 8 1951  
RECEIVED

JAN 9 1951

JAN 16 1951



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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4017

P. O. Address Elsherry, 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.