

STANDARD CERTIFICATE OF DEATH

State File No. 1323

FILED JAN 19 1951

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|---|--|--|---|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 157 | | PRIMARY REG. DIST. NO. 3028 | | Registrar's No. 5 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | | c. LENGTH OF STAY (in this place) 45 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1021 Fulton St. | | | | d. STREET ADDRESS (If rural, give location) 1021 Fulton St. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LILLIE | | | b. (Middle) | | c. (Last) OVERBY | | 4. DATE OF DEATH (Month) (Day) (Year) January 9, 1951 |
| 5. SEX female / | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / | 8. DATE OF BIRTH Nov 10, 1877 | | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 1 Days 26 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (State or foreign country) Hancock, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Fred Grant | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE John L. Overby | | | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.L. Overby, 1021 Fulton, Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic, Myocardial degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Arteriosclerosis general II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis deformans | | | | | | INTERVAL BETWEEN ONSET AND DEATH gradual 4220 30 yr |
| 19a. DATE OF OPERATION none | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | | 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) none | 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 Aug 7, 1950, to Jan 9, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 7:10 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) George H. Wood MD | | | | 23b. ADDRESS Carthage, Mo | | 23c. DATE SIGNED 1-9-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Jan 12, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Park Cemetery | | 24d. LOCATION (City, town, or county) (State) Carthage, Mo. | | | |
| DATE REC'D BY LOCAL REG. 1-11-51 | REGISTRAR'S SIGNATURE L.B. Blunt | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-17-51
Jasper County Health Office

County File Number 51-1-26

Date Filed 1-17-51

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 _____

Thomas C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student Thomas C. Rookwood
Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.