

FILED JAN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2250

State File No.

973
0

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Burr Oak 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hosp.		d. STREET ADDRESS (If rural, give location) 6 mile west of Winfield	
3. NAME OF DECEASED (Type or Print) a. (First) Suz b. (Middle) INDA c. (Last) ETTA OVERALL		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH JAN 4, 1878
9. AGE (In years last birthday) 73 Months 0 Days 14		IF UNDER 14 HRS. Hours 0 Min. 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JOHN ELSTON		13b. MOTHER'S MAIDEN NAME LUCY ADMIRE	14. NAME OF HUSBAND OR WIFE FRANK OVERALL
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alvin Shields - Winfield, 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) Intestinal Obstruction 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. Pneumonia	
INTERVAL BETWEEN ONSET AND DEATH 1 week		INTERVAL BETWEEN ONSET AND DEATH 5700	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	
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? None	
22. I hereby certify that I attended the deceased from Jan. 15, 1951 , to Jan. 18, 1951 , that I last saw the deceased alive on Jan. 18, 1951 , and that death occurred at 6:12 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Dor 2. Randall, M.D. 0		23b. ADDRESS 207 N. 5th St. Charles, Mo.	23c. DATE SIGNED Jan. 21, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	24d. LOCATION (City, town, or county) (State) Winfield RFD, Mo.
DATE REC'D BY LOCAL REG. Jan 20 1951	REGISTRAR'S SIGNATURE Fannie Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE Shelby	ADDRESS Elsberry, Mo.

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

JAN 27 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

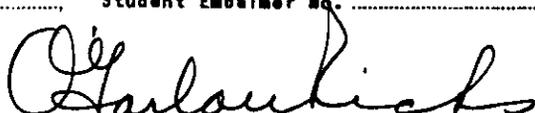
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4012

P. O. Address Elberry, 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.