

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5105

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 40

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 Webb City	c. LENGTH OF STAY (in this place) 1 DAY	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin. 0495	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane CHINN		d. STREET ADDRESS (If rural, give location) 809 JACKSON AVE.	

3. NAME OF DECEASED (Type or Print) a. (First) FERN b. (Middle) c. (Last) OVERMAN	4. DATE OF DEATH (Month) (Day) (Year) Feb 28 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 7, 1897	9. AGE (In years last birthday) 54	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. BIRTHPLACE (State or foreign country) Galena Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Galena Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Cagle	13b. MOTHER'S MAIDEN NAME Phebe Witch	14. NAME OF HUSBAND OR WIFE Charlie OVERMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Charlie OVERMAN 809 JACKSON
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 12 HRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSIVE DISEASE SEVERAL YRS		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 25 1947, to Feb. 28, 1951, that I last saw the deceased alive on FEB. 28, 1951, and that death occurred at 4:17A m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Kew D.O.	23b. ADDRESS 530 1/2 Main Joplin Mo	23c. DATE SIGNED 3-2-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE MAR 3 1951	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) Joplin Mo
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DATE REC'D BY LOCAL REG. M. H. 3/51	REGISTRAR'S SIGNATURE J. L. Suter	25. FUNERAL DIRECTOR'S SIGNATURE Hurlbut, Elmer Mort. Joplin Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

04920

Mr. New

RECEIVED 3/6/51
Wasper County Health Office

County File Number 51-2-185

Date Filed 3/6/51

OCT 17 1958

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

Dale Glover

Licensed Embalmer No.

4593

P. O. Address

Joplin, 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.