

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17181

State File No.

FILED JUN 4 1951

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 625

1. PLACE OF DEATH a. COUNTY <u>Lamar</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lamar</u>	
b. CITY OR TOWN <u>near Maternon</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Maternon Mo Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X (at home)</u>		d. STREET ADDRESS (If rural, give location) <u>X 0550</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Minnie</u>	b. (Middle) <u>M</u>	c. (Last) <u>Over</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 3rd 1869</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>4</u>	11. DAYS <u>22</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Maternon Mo Rural</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>Paul Over</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Paque</u>	14. NAME OF HUSBAND OR WIFE <u>Senelle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Comstock</u>	ADDRESS <u>Maternon Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5+ yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe Arteriosclerosis</u>			

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) <u>293X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/20, 1951, to 5/26, 1951, that I last saw the deceased alive on 5/26, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. J. Hoover</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>MT Vernon</u>	23c. DATE SIGNED <u>5/28/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Breck Church</u>	24d. LOCATION (City, town, or township) (State) <u>7 mi. North, Maternon Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 28 1951</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	441	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B. Over</u>	ADDRESS <u>Maternon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1967 5 2 708

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 29 1951

Dist. File 5-51-9227

Date Filed 5-29-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed George B. Owen

Signed
Student Embalmer

Licensed Embalmer No. 946

P. O. Address Mo Vernon 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.