No. 300
10.48

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25891

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4496 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbyville
c. LENGTH OF STAY (in this place): 1yr 8mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pleasant Hill Nsing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence 1020
d. STREET ADDRESS (If rural, give location): ✓ 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Robert
c. (Last): Overstreet

4. DATE OF DEATH (Month) (Day) (Year): 6-30-1951

5. SEX: M 0
6. COLOR OR RACE: W
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED (Specify)~~: 0
8. DATE OF BIRTH: July 27-1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 11, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: James H. Overstreet
13b. MOTHER'S MAIDEN NAME: U
14. NAME OF HUSBAND OR WIFE: ✓ ✓ ✓
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mr. Rollie Hubble — ADDRESS: Shelbina 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage Intestinal — INTERVAL BETWEEN ONSET AND DEATH: Died during hemorrhage ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Peptic Ulcer
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Alcoholic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5400
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 23, 1951, *to* June 30, 1951, *that I last saw the deceased alive on* June 28, 1951, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. C. Archer M.D.
23b. ADDRESS: Shelbyville Mo
23c. DATE SIGNED: July 23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 07-2-1951
24c. NAME OF CEMETERY OR CREMATORY: Ten-mile Baptist
24d. LOCATION (City, town, or county) (State): Tenmile Mo.

DATE REC'D BY LOCAL REG.: 7-27-50
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE: Hopper Funeral Home — ADDRESS: Clarence Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Arthur Shelbyville 1020 4

Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-1354
Date Filed: JUL 30 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 ....., Student Embalmer No. .....,
working under my personal supervision.

Student .....
Student Embalmer

Signed: Louis E. Hopper
Licensed Embalmer No. 4261
P. O. Address Clarence, 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.