

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26252

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY Butler

b. CITY OR TOWN Poplar Bluff

c. LENGTH OF STAY (in this place) 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Lucy Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ark
b. COUNTY Clay

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corning

d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) WEBSTER
c. (Last) OVERBY

4. DATE OF DEATH (Month) (Day) (Year)
Aug 25 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Jan 20, 1866

9. AGE (In years last birthday) 85

IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY laborer

11. BIRTHPLACE (State or foreign country) Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Overby

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Elizabeth Yancey 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 Elizabeth Yancey Overby Corning, Ark

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) Pulmonary Embolism

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.

INTERVAL BETWEEN ONSET AND DEATH 1/2 hr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4/6 5 X

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) (Min.)

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 8/23/1951, to 8/25/1951, that I last saw the deceased alive on 8/25/1951, and that death occurred at 6:00P M., from the causes and on the date stated above.

23a. SIGNATURE J. D. N. Phutera, Jr. M.D.

23b. ADDRESS Poplar Bluff Mo

23c. DATE SIGNED 8/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Aug 28/51

24c. NAME OF CEMETERY OR CREMATORY Corning

24d. LOCATION (City, town, or county) (State) Corning, Ark

DATE REC'D BY LOCAL REG. 8-31-51

REGISTRAR'S SIGNATURE Wm. H. Johnson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. O. Erment Corning, Ark.

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

RECEIVED

SEP 6 1951
BUTLER CO. HEALTH CENTER
FILE No. 951-396

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

R. O. Ement

Licensed Embalmer No. 782

P. O. Address Lorhing, Ark

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.