

No. 300
10.48

FILED NOV 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38262

State File No.

0742
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BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3086 Registrar's No. 251

1. PLACE OF DEATH

a. COUNTY Nodaway

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

c. LENGTH OF STAY (in this place) 10 das.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Nodaway

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Polk Twp. 0740

d. STREET ADDRESS (If rural, give location) Near Maryville, Mo.

3. NAME OF DECEASED

a. (First) George b. (Middle) William c. (Last) Overlay

4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct. 7, 1876 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Flagman 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Overlay 13b. MOTHER'S MAIDEN NAME Laura Hisel 14. NAME OF HUSBAND OR WIFE Nellie May Overlay

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. 707-09-6344 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Kain Maryville, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac insufficiency

ANTECEDENT CAUSES DUE TO (b) Chronic myocarditis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION no operation 4222 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 Nov 9, 1957, to Nov 21, 1957, that I last saw the deceased alive on Nov 24, 1957, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE L. E. Dean (Degree or title) M.D. 23b. ADDRESS Maryville Mo. 23c. DATE SIGNED 11-23-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/23/57 24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery 24d. LOCATION (City, town, or county) (State) Mound City, Missouri

DATE REC'D BY LOCAL REG. 11-24-57 REGISTRAR'S SIGNATURE Bess Holt 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James H. Crawford Mound City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.