

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8971**

MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5662** Registrar's No. **31**

0560
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL. LA BELLE TWP.		c. LENGTH OF STAY (in this place) 6 mos.	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRARIE VIEW REST HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEWISTOWN LA BELLE TWP.	
		d. STREET ADDRESS (If rural, give location) 0560 A	

3. NAME OF DECEASED (Type or Print)	a. (First) ERASTOS	b. (Middle) G.	c. (Last) OVERTON	4. DATE OF DEATH (Month) (Day) (Year) MARCH 20, 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9/7/1865	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Days 6	IF UNDER 11 HRS. Min. 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (State or foreign country) LEWIS CO., MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME RICHARD OVERTON	13b. MOTHER'S MAIDEN NAME AMANDA FARMER	14. NAME OF HUSBAND OR WIFE FLORA ELLEN OVERTON
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ALEX STEPHENSON	ADDRESS CANTON, MISSOURI
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) old age insufficiently of heart		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) senility		
	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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (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 **Nov 10, 1951** to **March 20, 1952**, that I last saw the deceased alive on **March 20, 1952**, and that death occurred at **11 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE L. S. Carter (Degree or title)	23b. ADDRESS La Belle MO	23c. DATE SIGNED March 21 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/22/52	24c. NAME OF CEMETERY OR CREMATORY LEWISTOWN	24d. LOCATION (City, town, or county) (State) LEWISTOWN, MISSOURI
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DATE REC'D BY LOCAL REG. 3-25-52	REGISTRAR'S SIGNATURE P. W. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Arnold, Jr.	ADDRESS LEWISTOWN, MO.
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(Licensed Embalmer's Statement on Reverse Side)

