No. 300
10-48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19558

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 664

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Faucett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Page 8140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shenandoah 8
d. STREET ADDRESS (If rural, give location): 1310 W. Valley St.

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): A.
c. (Last): Overman

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 9, 1884
9. AGE (In years last birthday): 68 — 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: general laborer
11. BIRTHPLACE (State or foreign country): Villisca, Iowa 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: AAaron Overman
13b. MOTHER'S MAIDEN NAME: Sue Gilbert
14. NAME OF HUSBAND OR WIFE: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): 1905-09
16. SOCIAL SECURITY NO.: 484-03-1528
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Dorus Overman, Shenandoah, Iowa

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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Cardio-Vascular — 2 years (est)
DUE TO (c) Degenerative disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Man died suddenly while alone attending a filling station trade on Highway 71, South of Faucett Mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 4-201

22. *I hereby certify that I ~~attended the~~ viewed deceased ~~from~~ on 6/22, 1952, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 6:00p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H F Mundy M D (Coroner)
23b. ADDRESS: St Joseph, Mo.
23c. DATE SIGNED: 6/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 5
24b. DATE: 6/23/1952
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Shenandoah, Iowa

DATE REC'D BY LOCAL REG.: June 26, 1952
REGISTRAR'S SIGNATURE: Carl C. Castell 446
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 395 10th St Joseph 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.