

S. No. 300  
V. 10.48

JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21259

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5802 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Monroe</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Leesburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Leesburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ely</u> b. (Middle) <u>Berry</u> c. (Last) <u>overtelt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-14-1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10-26-1878</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u>15</u> Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer (old)</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>Wm. overtelt</u>			13b. MOTHER'S MAIDEN NAME <u>Phoebe Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Overtelt</u>

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 <u>Mrs. Mabel Overtelt</u> ADDRESS <u>Bridge, Mo.</u>	
--	--	-------------------------------	--	---	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral Stenosis</u>		
	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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from June 1, 1952 to June 14, 1952, that I last saw the deceased alive on June 14, 1952 and that death occurred at 2:17 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Edgington</u> (Degree or title) _____		23b. ADDRESS <u>Clarence mo.</u>		23c. DATE SIGNED <u>6/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Phillips</u>	
DATE REC'D BY LOCAL REG. <u>6-25-1952</u>		REGISTRAR'S SIGNATURE <u>E. L. Robertson</u>		24d. LOCATION (City, town, or county) (State) <u>Leesburg</u> <u>Mo</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis E. Hopper</u>		ADDRESS <u>Clarence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

5690  
1

SEP 1961

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*James E. Hopper*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4761

P. O. Address Blair, 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.