

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39351

State File No. \_\_\_\_\_

No. 300  
10. 48

FILED DEC 6 1952

REG. DIST. NO. 180 179

PRIMARY REG. DIST. NO. 672

Registrar's No. 29

BIRTH NO. _____		REG. DIST. NO. 180 179		PRIMARY REG. DIST. NO. 672		Registrar's No. 29			
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>OR Burr Oak Township</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>OR Burr Oak Twpsh.</b>		0570			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 mile west of Winfield</b>				d. STREET ADDRESS (If rural, give location) <b>4 mile west of Winfield</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNIE</b>		b. (Middle) <b>LEE</b>		c. (Last) <b>OVERALL</b>		4. DATE OF DEATH <b>Nov. 3, 1952</b>			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug. 12, 1871</b>			
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewrok</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lincoln county Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Nathaniel Day</b>		13b. MOTHER'S MAIDEN NAME <b>Mary ?</b>		14. NAME OF HUSBAND OR WIFE <b>Albert S. Overall</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Opal Freese - Foley, Mo.</b> ADDRESS _____					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Hypertension</b></p> <p>DUE TO (c) <b>Arteriosclerosis</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. <b>Dementia</b></p>						INTERVAL BETWEEN ONSET AND 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)		334X			
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?					
22. I hereby certify that I attended the deceased from <b>9-29, 1948</b> , to <b>11-2, 1952</b> , that I last saw the deceased alive on <b>11-2, 1952</b> , and that death occurred at <b>2:00 p. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>AH Callaway D.O.</b>				23b. ADDRESS <b>Elsberrymo</b>		23c. DATE SIGNED <b>11-3-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 5, 1952</b>		24c. NAME OF CEMETERY <b>New Salem</b>		24d. LOCATION (City, town, or county) (State) <b>RFD-Winfield, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Dec 13 1952</b>		REGISTRAR'S SIGNATURE <b>Emma B. Riddle</b>		GENERAL DIRECTOR'S SIGNATURE <b>D. Lubertich</b>		ADDRESS <b>Elsberrymo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

76  
1

**STATEMENT BY LICENSED EMBALMER**

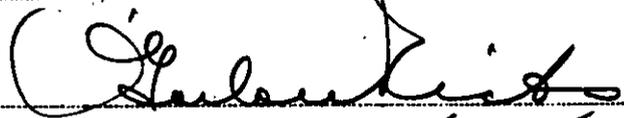
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 401 ✓

P. O. Address

Elberry, 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.