

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 44416

FILED JAN 19 1952

BIRTH NO. 75423 REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 5417 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clay</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clay</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hornersville Route # 1</u>				d. STREET ADDRESS (If rural, give location) <u>Hornersville, Route # 1</u>			
3. NAME OF DECEASED (Type or Print) <u>Ricky Joe Overman</u>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 4 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	
8. DATE OF BIRTH <u>9 - 19 - 1952</u>		9. AGE (In years last birthday)		if UNDER 1 YEAR Months <u>2</u>		if UNDER 12 mos. Days <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hornersville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				13a. FATHER'S NAME <u>Joe Stone</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Overman</u>	
14. NAME OF HUSBAND OR WIFE <u>---</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marge Overman</u>	
ADDRESS <u>HORNERSVILLE, MO</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>12/4/52</u> to <u>12/4/52</u> , that I last saw the deceased alive on <u>12/4/52</u> , 19 <u>52</u> , and that death occurred at <u>12:25 P.M.</u> , from the causes and on the date stated above.						23a. SIGNATURE <u>B. M. C. Danney, MD</u>	
23b. ADDRESS <u>Hornersville, Mo.</u>		23c. DATE SIGNED <u>12/8/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hornersville, Missouri</u>		DATE REC'D BY LOCAL REG. <u>12-15-52</u>		REGISTRAR'S SIGNATURE <u>Bertha Kinsokert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>EMERSON - SON FUNERAL HOME</u>		ADDRESS <u>NEWBARD ARK. Tom To Emerson</u>		(Licensed Embalmer) Statement on Reverse Side			

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

350  
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-12-53

COUNTY FILE NUMBER 153 - 4

**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 Tom J. Emerson

Licensed Embalmer No. 895

P. O. Address Quaker Park

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.