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R. 106619

FILED APR 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **16656**

COPY

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1109

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. LENGTH OF STAY (In this place) <b>150 DAYS</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LAMAR</b>		<b>8030</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>		d. STREET ADDRESS (If rural, give location) <b>BOX 285</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>BENJAMIN</b> b. (Middle) <b>F.</b> c. (Last) <b>OVERBEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-16-53</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10-11-92</b>
9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BARBER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>JOHNSON CITY, ARK.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>WILLIAM A. OVERBEY</b>		13b. MOTHER'S MAIDEN NAME <b>CARRIER BARHAM</b>	14. NAME OF HUSBAND OR WIFE <b>ETTA OVERBEY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BKS, MO.</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>EPIDERMOID CARCINOMA OF LARYNX WITH METASTASIS TO CERVICAL LYMPH NODES AND LUNGS</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <b>161X</b>	
19a. DATE OF OPERATION <b>MAY 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Epidermoid carcinoma of Larynx with metastases to cervical lymph nodes</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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>11-17-52</u> to <u>4-16-53</u> , 19____, and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>/s/ R. A. ALLEN, M.D.</b> (Degree or title) <b>0</b>		23b. ADDRESS <b>VA HOSP. JEFF. BKS, MO.</b>	
23c. DATE SIGNED <b>4-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>4-17-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>LAMAR</b>		24d. LOCATION (City, town, or county) (State) <b>RUSSELVILLE, ARK.</b>	
DATE REC'D BY LOCAL REG. <b>4-17-53</b>		REGISTRAR'S SIGNATURE <b>Harbert R. Daniels-M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>SOUTHERN FUNERAL HOME</b>		ADDRESS <b>6922 S. GRAND BLVD. JEFF. BKS, MO.</b>	

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

*David Lee Fossan*

Licensed Embalmer No. *4282*

P. O. Address *6322 W. Grand*

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.