

No. 30
10. 48

LED JUL 8 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. **22220**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **432** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer	
c. LENGTH OF STAY (If in hospital) 35 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Margaret c. (Last) Overton			4. DATE OF DEATH (Month) (Day) (Year) 6-20-53		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 6-24-1865		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done or profession, or occupation, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Hamilton		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) no		16. SOCIAL SECURITY NO. no	

17. INFORMANT'S SIGNATURE OR NAME John Overton		ADDRESS Mercer, Mo	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH 15 min	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral hemorrhage		48 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Hypertensive cardiovascular disease		years	

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)		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 **Sept 10, 1947** to **June 20, 1953**; that I last saw the deceased alive on **June 20, 1953** and that death occurred at **2:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Geo. F. Lawson (Degree or title)		23b. ADDRESS Mercer, Mo		23c. DATE SIGNED June 30, 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-22-53		24c. NAME OF CEMETERY OR CREMATORY Farley	
24d. LOCATION (City, town, or county) (State) Mercer Co., Mo		DATE REC'D BY LOCAL REG. 7-2-53		REGISTRAR'S SIGNATURE Noel Moss	
25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss		ADDRESS Princeton, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Hal West

Licensed Embalmer No. 263X

P. O. Address Triniton N

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.