

FILED NOV 23 1953 BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - <b>SHOAL CREEK</b>		c. LENGTH OF STAY (in this place) <b>MINUTES</b>	c. CITY OR TOWN <b>JOPLIN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SHOAL CREEK NEAR STATION</b>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>MELVIN</b> c. (Last) <b>OVERALL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 6, 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB 20, 1881</b>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>RETIRED GROCERYMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GROCERY</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>72</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>CHAS. A. OVERALL</b>		13b. MOTHER'S MAIDEN NAME <b>UNK</b>	
14. NAME OF HUSBAND OR WIFE <b>-----</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MYRL OVERALL, 2022 JACKSON</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>Drowning</b>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E975X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Creek</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Shoal Creek Newton, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct. 6, 1953 12:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Tied self to tree and took sleeping pills.</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to <b>10-6</b> , 19 <b>53</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Myrl Overall</b>		23b. ADDRESS <b>207 E. Main St. Newton</b>	23c. DATE SIGNED <b>10-28-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-8-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK</b>	24d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>11-10-53</b>	REGISTRAR'S SIGNATURE <b>W. J. James</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 1153-211

Date Filed NOV 20 1953

**NEOSHO, MISSOURI**

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Parker

Licensed Embalmer No. 4938

P. O. Address Joplin

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.