

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

484

State File No.

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (In this place) 1 day		c. CITY OR TOWN Gordonville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital				e. STREET ADDRESS (If rural, give location) Rural 0129					
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Sylvester c. (Last) Overbeck			4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1954						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar 7 1903	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 27	IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gen.		11. BIRTHPLACE (City and State or Foreign Country) Gordonville Mo		12. CITIZEN OF WHAT COUNTRY? u s a			
13a. FATHER'S NAME William Overbeck			13b. MOTHER'S MAIDEN NAME Ella Goza		14. NAME OF HUSBAND OR WIFE None				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes # 2		16. SOCIAL SECURITY NO. 489-26-2540		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.H. Overbeck, Cape Girardeau Mo					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>sepsis</u> ANTECEDENT CAUSES DUE TO (b) <u>intercapillary glomerulosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260x				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) 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 2/2, 1954, to 2/4, 1954, that I last saw the deceased alive on 2/3, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. A. Keenan, MD.				23b. ADDRESS Cape Girardeau Mo.		23c. DATE SIGNED 2/7/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-6-54		24c. NAME OF CEMETERY OR CREMATORY Zion Meth. Cem.		24d. LOCATION (City, town, or county) (State) Gordonville Mo.			
DATE REC'D BY LOCAL REG. 2-10-54		REGISTRAR'S SIGNATURE C. C. Summers 44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. A. Hanan Cape Girardeau Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1960

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.....
A. A. Haman

Licensed Embalmer No. *2561*

P. O. Address *Cape Girardeau*

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.