

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2083

State File No. _____

No. 300

10.48

FILED FEB 11 1954

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>MERCER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0400</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Oliver</u> b. (Middle) _____ c. (Last) <u>Overton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 29 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced.</u>	
8. DATE OF BIRTH <u>Oct 15 1890</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R-D ENGINEER.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grady, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Elvis Overton</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HAMILTON</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>708-14-3637</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Burl Howard K.C. Kansas</u>	

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) Metastatic carcinoma of the liver <u>Primary carcinoma of the pancreas</u> ANTECEDENT CAUSES <u>Primary carcinoma of the pancreas</u> DUE TO (b) PRIMARY <u>Metastatic Carcinoma of the liver</u> DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> <u>2 yrs.</u>
		II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>157X</u>			

19a. DATE OF OPERATION <u>1-25-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>pancreas obstruction of biliary tract tumor at the head of</u>		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 1-13-54, 1954, to 1-29-54, 1954, that I last saw the deceased alive on 1-29-54, 1954, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Douglas Pearce, D.O.</u>		23b. ADDRESS <u>Princeton, Missouri</u>		23c. DATE SIGNED <u>1-30-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 31 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Trenton, MO.</u>			
DATE REC'D BY LOCAL REG. <u>2-6-54</u>		REGISTRAR'S SIGNATURE <u>Hall [Signature]</u> <u>393-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jarvis Blackmon</u> <u>Trenton, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0650
0610

FEB 19 1964

MAR 10 1964

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 Harold L Roberts

Licensed Embalmer No. 4920

P. O. Address Winton, Me.

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.