

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19859

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 77

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Capet Girardeau</u>	
b. CITY OR TOWN <u>Perryville</u>		c. CITY OR TOWN <u>JACKSON</u>	
c. LENGTH OF STAY (In this place) <u>1 month</u>		d. STREET ADDRESS (If rural, give location) <u>No. Hope St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perryville Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>NANCY ANN OVERBECK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 12 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 14 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph H. Call</u>	13b. MOTHER'S MAIDEN NAME <u>Crump</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Overbeck (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Norman Overbeck</u>	ADDRESS <u>Jackson, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u>	DUE TO (b) <u>post paralysis</u>		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>invalid</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 21, 1954, to June 12, 1954, that I last saw the deceased alive on June 10, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. M. Neudman</u> (Degree or title) <u>DO 2 Perryville</u>	23b. ADDRESS	23c. DATE SIGNED <u>6-14-54</u>
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24a. BURIAL (Specify)	24b. DATE <u>6/14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>	24d. LOCATION (City, town, or county) (State) <u>JACKSON Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/14/54</u>	REGISTRAR'S SIGNATURE <u>Joe J. Zoellner</u>	FUNERAL DIRECTOR'S SIGNATURE <u>McCombs Funeral Home, Jackson, Mo.</u>	ADDRESS
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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 Thos. K. Allen

Licensed Embalmer No. 40555

P. O. Address Jackson

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.