

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

State File No. **23703**

No. 300
10.48

FILED JUL 21 1954

Registrar's No. **47**

BIRTH NO. _____		REG. DIST. NO. 210	PRIMARY REG. DIST. NO. 4322	REGISTRAR'S NO. 47	
1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. COUNTY Caldwell		
b. CITY (If outside corporate limits, write RURAL and give town) Princeton		c. LENGTH OF STAY (in this place) 6 days	c. CITY (If outside corporate limits, write RURAL and give township) Hamilton		0130
d. FULL NAME OF HOSPITAL OR INSTITUTION Lambert Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)		a. (First) Millard	b. (Middle) E.	c. (Last) Overstreet	
4. DATE OF DEATH 7-12-54		4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 28, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banking & Insurance		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lucerne, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME A.O. Overstreet		13b. MOTHER'S MAIDEN NAME Alice Houser		14. NAME OF HUSBAND OR WIFE Marguerite Overstreet	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 500-34-7418		17. INFORMANT'S SIGNATURE OR NAME Marguerite Overstreet, Hamilton Mo. ADDRESS	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 wk
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) (Min.)		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 7-6, 1954 , to 7-12, 1954 , that I last saw the deceased alive on 7-12, 1954 , and that death occurred at 9:25 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Frank N. Zahrt MD			23b. ADDRESS Princeton, Mo.		23c. DATE SIGNED 7-13-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-14-54	24c. NAME OF CEMETERY OR CREMATORY Osborn Ceme.		24d. LOCATION (City, town, or county) (State) Osborn, Mo.
DATE REC'D BY LOCAL REG. 7-17-54		REGISTRAR'S SIGNATURE Paul Neill		25. FUNERAL DIRECTOR'S SIGNATURE Evon Martin ADDRESS Martin Funeral Home Princeton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0650

SEP 27 1956

SEP 23 1956

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 *Joan Martin*

Licensed Embalmer No. 3760

P. O. Address Princeton, Ill.

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.