No. 300
10.48

FILED AUG 24 1954

# STATE OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26984

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 4229 Registrar's No. 65

**1. PLACE OF DEATH**
a. COUNTY Howard.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin
c. LENGTH OF STAY (in this place) 10 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Howard.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Franklin
d. STREET ADDRESS (If rural, give location) 109 Pearl St.

**3. NAME OF DECEASED** (Type or Print)
a. (First) Lora Jane
b. (Middle) Guffy
c. (Last) Overstreet

**4. DATE OF DEATH** (Month) (Day) (Year) Aug 13-1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 2-1879
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Henry Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Thomas H. Bristow
13b. MOTHER'S MAIDEN NAME Sarah Taylor
14. NAME OF HUSBAND OR WIFE Thomas Overstreet
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ___
17. INFORMANT'S SIGNATURE OR NAME Kenneth Hodson ADDRESS New Franklin

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic myocarditis — unknown
DUE TO (c) Hypertension — unknown

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
Obesity — unknown

19a. DATE OF OPERATION ___
19b. MAJOR FINDINGS OF OPERATION ___
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ___

22. *I hereby certify that I attended the deceased from* July 30, 1954, *to* Aug 11, 1954, *that I last saw the deceased alive on* Aug 11, 1954 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE L. L. Chamberlain (Degree or title) M.D.
23b. ADDRESS New Franklin Mo
23c. DATE SIGNED Aug 14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 15-54
24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant
24d. LOCATION (City, town, or county) New Franklin (State) Mo

DATE REC'D BY LOCAL REG. 8-14-54
REGISTRAR'S SIGNATURE Mary K. Shelf
25. FUNERAL DIRECTOR'S SIGNATURE H. L. Hall ADDRESS New Franklin

4350 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 25 19

## 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 L. L. Hall

Licensed Embalmer No. 3515

P. O. Address New Franklin Mo

**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.