

No. 300
10.48

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36715**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **325**

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALLAWAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FULTON		c. CITY OR TOWN McCREDIR	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 1/2 hrs		e. STREET ADDRESS (If rural, give location) R.F.D. McCREDIR 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION CALLAWAY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIE b. (Middle) WARREN c. (Last) OVERFELT			4. DATE OF DEATH (Month) (Day) (Year) NOV 25, 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV 23, 1864	9. AGE (In years last birthday) 90	10. F UNDER 1 YEAR <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) CALLAWAY COUNTY MO		12. CITIZEN OF WHAT COUNTRY? U.S.B

13a. FATHER'S NAME ELIJA OVERFELT	13b. MOTHER'S MAIDEN NAME SARAH SHEPHERD	14. NAME OF HUSBAND OR WIFE DELLA OVERFELT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Della Overfelt McCreder 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro enteritis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5711	20. AUTOPSY? YES <input 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) (Minute)	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 **NOV 20, 1954** to **NOV 25, 1954**, that I last saw the deceased alive on **NOV 25, 1954**, and that death occurred at **1:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Person or title) R. L. Lawrence	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 11-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE NOV 27, 54	24c. NAME OF CEMETERY OR CREMATORY WILLEREST
24d. LOCATION (City, town, or county) (State) FULTON MO		

DATE REC'D BY LOCAL REG. NOV 27-1954	REGISTRAR'S SIGNATURE Martha Lawrence	426-	FUNERAL DIRECTOR'S SIGNATURE Maupin Lamb Home	ADDRESS Fulton Mo
---	--	------	--	--------------------------

Licensed Embalmer's Statement on Reverse Side

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

APR 4 1958

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 *Harry A. Powell*.....

Licensed Embalmer No. *372*.....

P. O. Address *Fulton*.....

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.