

FILED JUN 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15111
Registrar's No. 526

360

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

| | | | | | | | | |
|---|--|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>526</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u> | | | | |
| b. CITY OR TOWN <u>St. Clair</u> | | c. LENGTH OF STAY (In this place) <u>7 years</u> | | c. CITY OR TOWN <u>St. Clair</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair Hosp</u> | | | | e. STREET ADDRESS (If rural, give location) <u>St. Clair Mo 0363</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Overschmidt</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1955</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>9-14-1934</u> | | |
| 9. AGE (In years last birthday) <u>19</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10a. KIND OF BUSINESS OR INDUSTRY <u>General labor</u> | | 11. BIRTHPLACE (City and State, or Foreign Country) <u>Union, Mo</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Bert Overschmidt</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ida Weber</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>491-32-1481</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Benny Overschmidt Union, Mo</u> 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. | | 18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chushed chest, pelvis, and</u> DUE TO (c) <u>compound fracture of legs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>In Auto-Truck collision on</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Highway #66 1 mile West of Junction, E8161</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #66</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Clair</u> (COUNTY) <u>Franklin</u> (STATE) <u>Mo</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1955 12:40 P.M.</u> | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>In Auto-Truck Collision on May 66</u> | | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Ernest P. Ottman</u> (Degree or title) <u>Coroner</u> | | | | 23b. ADDRESS <u>Union, Mo</u> | | 23c. DATE SIGNED <u>May 29 1955</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 31</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Clair Franklin Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-30-55</u> | | REGISTRAR'S SIGNATURE <u>Gloyd Willcocks</u> | | 511-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Shedrick W. Kitchell</u> ADDRESS <u>St. Clair Mo</u> | | |

JUN 20 1955
JUN 10 1955

JUN 1

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 *Sherman W. Kitchell*

Licensed Embalmer No. 38

P. O. Address *St. Clair*

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.