

No. 300
10.48

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32754
State File No. 181

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY OR TOWN <u>Washington, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Clair</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>036</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Les</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Overschmidt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19-1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17-1911</u>	9. AGE (In years last birthday) <u>44</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>7</u> Days <u>28</u> <input type="checkbox"/> UNDER 2 WRS. Hours <u>-</u> Min. <u>-</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Union, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>August Overschmidt</u>	13b. MOTHER'S MAIDEN NAME <u>Leonilda Henke</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Overschmidt</u>
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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>487-40-5510</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Overschmidt, St. Clair, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anaesthetic</u>	<u>5 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Gangrenous appendicitis</u>		<u>10 days</u>
	DUE TO (c) <u>5500</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>General Peritonitis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Intestinal obstruction with peritonitis</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 10-6 1955 to 10-19, 1955 that I last saw the deceased alive on Oct. 19, 1955, and that death occurred at 11:40a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Wm. D. Washington</u>	23b. ADDRESS <u>Washington Mo.</u>	23c. DATE SIGNED <u>10-21-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Clare Catholic Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>10/21/55</u>	REGISTRAR'S SIGNATURE <u>Les J. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shirley W. ... St. Clair, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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... *Sherwood W. Kitcher*

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.