

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40532
STATE FILE NUMBER
Registrar's No. 5506

FILED DEC 11 1957

Registration District No. 149 Primary Registration District No. 1.002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN SEDALIA Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NEUROLOGICAL HOSPITAL - 1 DAY		d. STREET ADDRESS (If outside, give location) R.R.# 2 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ETHEL OVERSTREET			4. DATE OF DEATH Month Day Year Nov. 20. 1957		
---	--	--	--	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-22-1899	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Min.
-------------------------	----------------------------------	---	--------------------------------------	--	---	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Cooper Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	---

13a. FATHER'S NAME William Sash	13b. MOTHER'S MAIDEN NAME Minnie Connolly	14. NAME OF HUSBAND OR WIFE D. MILTON OVERSTREET
---	---	--

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. ---	17. INFORMANT D. MILTON OVERSTREET	Address R.R.# 2 SEDALIA MISSOURI
--	---------------------------------------	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Postural asphyxia of neck of neck		INTERVAL BETWEEN ONSET AND DEATH 330+
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ---	
	DUE TO (c) ---	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	---	--	---

21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 2:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22. SIGNATURE (Degree or title) Dr. C. Leavelle Smith, Deputy Coroner	22b. ADDRESS 6627 Pleasant Kansas	22c. DATE SIGNED 11-21-57
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Nov. 21. 1957	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) SEDALIA MISSOURI
--	-----------------------------------	------------------------------------	--

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	25. DATE RECD. BY LOCAL REG. 11-21-57	26. REGISTRAR'S SIGNATURE neva Minshall
---	--	---	---

MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



DEC 12 1957

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 Chester K Brown

Licensed Embalmer No. 4931
P. O. Address Kemo

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.