

FILED DEC 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER  
**43763**

Registration District No. **59** Primary Registration District No. **4103** Registrar's No. **179**

300  
1-56

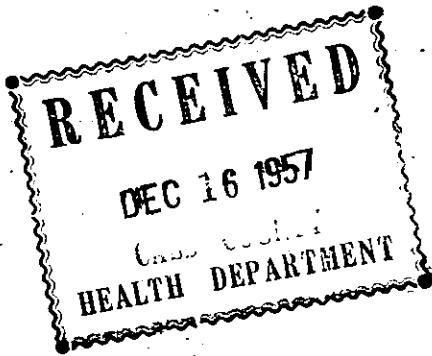
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Creighton</b>		c. CITY OR TOWN <b>Creighton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <b>3 years</b>	
3. NAME OF DECEASED (Type or print) First <b>Fannie</b> Middle <b>Elizabeth</b> Last <b>Giltner</b>		4. DATE OF DEATH Month <b>12</b> Day <b>8</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 15, 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Hopkinsville, Kentucky</b>
13. FATHER'S NAME <b>Steven M. Overbay</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Reed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Lillie K. Sites</b> Address <b>Creighton, Missouri</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>Chronic Nephritis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH <b>9 days.</b> <b>?</b> <b>?</b>
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 <b>5:15 A</b> Month <b>12</b> Day <b>8</b> Year <b>1957</b> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Creighton, Missouri</b>	
21. I attended the deceased from <b>Jan. 4, 1957 to Dec. 8, 1957</b> and last saw her <b>alive on Nov. 28, 1957</b> Death occurred at <b>2:15 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul L. Welch D.D.</b> (Degree or title)		22b. ADDRESS <b>Creighton, Mo.</b>	
22c. DATE SIGNED <b>12/9/57</b>		19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-10-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grant Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Creighton, Missouri</b>
24. FUNERAL DIRECTOR <b>Winson &amp; Son</b> ADDRESS <b>Creighton, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 10 1957</b>	
26. REGISTRAR'S SIGNATURE <b>Dora Barward</b>			

(Licensed Embalmer's Statement on Reverse Side)

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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 *Billy J. Hickey*.....

Licensed Embalmer No. *46*.....

P. O. Address *Studen*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.