

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-008537
State File No.

FILED MAR 3 - 1958

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4514 Registrar's No. 36

| | | | |
|------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> | |
| c. LENGTH OF STAY (in this place) <u>30 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>No street address</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green City</u> | | | |

| | | | | |
|----------------------------------------|----------------------------|-----------------------------|-----------------------------|------------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Fredrick</u> | b. (Middle) <u>Benjamin</u> | c. (Last) <u>Overstreet</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 20, 1958</u> |
|----------------------------------------|----------------------------|-----------------------------|-----------------------------|------------------------------------------------------------------|

| | | | | | | |
|-----------------------|----------------------------------|--------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------|--------------------------------------------|
| 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>July 3, 1884</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|-----------------------|----------------------------------|--------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|--------------------------------------------|--------------------------------------------|

| | | | |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail store</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|

| | | |
|---------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| 13a. FATHER'S NAME <u>James Granville Overstreet</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Calfee</u> | 14. NAME OF HUSBAND OR WIFE <u>Frona M. Overstreet</u> |
|---------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|

| | | | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|------------------------------|
| 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>500-34-7393</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frona Overstreet, Green City</u> | ADDRESS <u>Green City</u> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------|------------------------------|

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | <u>10 minutes</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | <u>5 yrs</u> |
| DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | | |
|------------------------|----------------------------------|-------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | <u>332X</u> | 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
|------------------------|----------------------------------|-------------|----------------------------------------------------------------------------------|

| | | |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|
| 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) | 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 109-19, 1957 to Feb 20, 1958, that I last saw the deceased alive on Feb 20, 1958, and that death occurred at 11:00 pm., from the causes and on the date stated above.

| | | | |
|-------------------------------------------|-------------------|---------------------------------------|-----------------------------------------|
| 23a. SIGNATURE <u>R. D. Smith D.O.</u> | (Degree or title) | 23b. ADDRESS <u>Green City, Mo</u> | 23c. DATE SIGNED <u>Feb 21, 1958</u> |
|-------------------------------------------|-------------------|---------------------------------------|-----------------------------------------|

| | | | |
|------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb. 23, 1958</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Green City, Mo</u> |
|------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|

| | | | |
|--------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>2-25-58</u> | REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Hartman, Green City, Mo</u> | ADDRESS <u>Green City, Mo</u> |
|--------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|

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
Student Embalmer

Signed.....

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, Mo.*

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 this body is not embalmed, fact should be so stated above.