

Health,
Welfare
Public
Service

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-57

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms with the disease. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010770
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5799 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) Madison		c. CITY OR TOWN Madison	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mary-Ruth Overstreet		d. STREET ADDRESS (If outside, give location) rural	
Length of stay in lb lifetime		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Mary Middle Ruth Last Overstreet		4. DATE OF DEATH Month 3 Day 17 Year 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/4/1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home-making		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) Madison, Mo Rural
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Samuel Klugh	
13b. MOTHER'S MAIDEN NAME Sallie Enochs		14. NAME OF HUSBAND OR WIFE Tom 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. none	
17. INFORMANT Harry Overstreet		Address Madison, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Valvular Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) —			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —			
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.		2.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Madison		COUNTY Monroe STATE Mo	
21. I attended the deceased from 1954 to 3-17-58 and last saw her/him alive on 3-15-58 Death occurred at Her Home 12:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C.E. Smith M.D.		22b. ADDRESS Madison, Mo.	
22c. DATE SIGNED 3-18-58.			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/19/58	
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) (State) Madison Mo	
24. FUNERAL DIRECTOR Fred A Thompson		25. DATE RECD. BY LOCAL REG. 3/24/58	
ADDRESS Madison, Mo.		26. REGISTRAR'S SIGNATURE Elsie Robertson	

(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 *James A. Henderson*

Licensed Embalmer No. 3282

P. O. Address *Madison*

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.