

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022609
STATE FILE NUMBER

Health,
& Welfare
Public
Service

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 7 1958 Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eldon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Eldon</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>211 N. Leeds</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>666 211 N. Leeds</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Anna Mary Overhulser</u>			4. DATE OF DEATH Month Day Year <u>June 15 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 11, 1867</u>
9. AGE (In years last birthday) <u>91</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>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ashton, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>United States of America</u>		13a. FATHER'S NAME <u>Andrew Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Lureena Lynch</u>
14. NAME OF HUSBAND OR WIFE <u>William F. Overhulser</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.
17. INFORMANT <u>Mrs. J.R. West</u>		Address <u>Eldon, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause in line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infirmities of old age</u> DUE TO (b) <u>Cardiovascular disease</u> DUE TO (c) <u>4221</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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
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 <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 COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>June 15 1958</u> and last saw her alive on <u>June 15 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. Shelton M.D.</u> (Degree or title)		22b. ADDRESS <u>Eldon Mo</u> DATE SIGNED <u>June 16 1958</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 17, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashton</u>	23d. LOCATION (City, town, or county) (State) <u>Ashton Missouri</u>
24. FUNERAL DIRECTOR <u>Edwin D. Phillips</u> ADDRESS <u>Eldon</u>		25. DATE RECD. BY LOCAL REG. <u>June 16, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Al Werratta Walt</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUN 24 '58

Miller County
Health Department

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 W. Phillips*

Licensed Embalmer No. *3663*

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.