

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028305
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 896

5. 300
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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 517 1/2 S. 6th St.		Length of stay in lb 16 yrs.	
d. STREET ADDRESS 517 1/2 S. 6th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SCOTT Middle Last OVERTON			4. DATE OF DEATH Month August Day 14, Year 1958
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Oct. 21, 1892
9. AGE (In years last birthday) 65		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) Ret. Section Foreman		10b. KIND OF BUSINESS OR INDUSTRY Rock Island RR Co.	11. BIRTHPLACE (City and state or country) Mercer, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Elvis Overton	
13b. MOTHER'S MAIDEN NAME Emma Hamilton		14. NAME OF HUSBAND OR WIFE Opal Overton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. 708-14-2351	17. INFORMANT Emma Dennis, 2907 S. 41st St. Joseph, 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) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH UNK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
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 type="checkbox"/> NO <input checked="" 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 <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 UNATTENDED , to _____ and last saw ^{her} him alive on _____ Death occurred at about 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] District City Health Officer		22b. ADDRESS 402 FARAW ST JOSEPH, MO	22c. DATE SIGNED 8-15-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/17/58	23c. NAME OF CEMETERY OR CREMATORY Fairley Cemetery	23d. LOCATION (City, town, or county) (State) Mercer, Missouri
24. FUNERAL DIRECTOR Hester Bowman	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Aug 16, 1958	26. REGISTRAR'S SIGNATURE Mr. Clark Goodell

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. A. H. Pifer, M.D.
1300 Foreman St.

Please call
no under its
signed

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

John V. Herrick
Licensed Embalmer No. *4848*
P. O. Address *H. G. Me*

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.