

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040710

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 199

Primary Registration District No. 5731

Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ethel White</u>		c. CITY OR TOWN <u>Ethel</u> <u>06100</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #1</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. #1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>44 yrs</u>			

3. NAME OF DECEASED (Type or print) First <u>MAINAARD</u> Middle <u>OVER</u> Last <u>STREET</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>30</u> Year <u>1958</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 19 1914</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		11. BIRTHPLACE (City and state or country) <u>Ethel, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Roy Overstreet</u>		
14. MOTHER'S MAIDEN NAME <u>Muriel Deuer</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>Loren Overstreet, Rt. #1, Ethel, Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocardial infarction</u>	
	DUE TO (c) <u>Coronary thrombosis due to arteriosclerosis</u>	
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"/> <u>2</u>

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.) <u>none</u>
20c. TIME OF INJURY Hour <u>6:50</u> a. m. <u>PM</u> p. m.			
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	COUNTY STATE

21. I attended the deceased from <u>October 30, 1958</u> and last saw her alive on <u>October 30, 1958</u>	
Death occurred at <u>6:50 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>J. H. Cassier M.D.</u>	22b. ADDRESS <u>800 W. Jefferson, Kirksville, Mo.</u>
	22c. DATE SIGNED <u>10/31/58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 2 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bell Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ethel, Mo.</u> <u>50</u>
24. FUNERAL DIRECTOR <u>Larson Funeral Service</u>	ADDRESS <u>Bucklin Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>10/31/58</u>	26. REGISTRAR'S SIGNATURE <u>Clath M'neely</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
 Public Health Service  
 300 1-56  
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1850

NOV 25 1958

County File No. 11/38/167  
Date Filed 11/24/58

*(Handwritten initials)*

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 \_\_\_\_\_

Licensed Embalmer No. 40

P. O. Address \_\_\_\_\_

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.