

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-00609  
STATE FILE NUMBER

Filed MAR 10 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY Liberty, Missouri OR 302 Shrader
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Indep Hospital		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 302 Shrader
3. NAME OF DECEASED (Type or print) First Middle Last Verne Wesley Overstreet			4. DATE OF DEATH Month Day Year March 4, 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1906
9. AGE (In years last birthday) 52		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) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and state or country) Sylvia Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Ira D. Overstreet	
13b. MOTHER'S MAIDEN NAME Myrtle Gipson		14. NAME OF HUSBAND OR WIFE Beulah Davis 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. 487-09-2286	17. INFORMANT Address Beulah Overstreet Liberty, 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) <i>Pneumonia</i> <i>Pulmonary Congestion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) <i>Peritonitis, chemical; sub hepatic Abscess</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 days</i> <i>3 days</i> <i>7 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Sub fatal Gastric Resection, Abdominal distention</i>			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 <i>July 1958</i> to <i>3/4/59</i> and last saw him alive on <i>3/4/59</i>			
21. Death occurred at <i>11:07</i> A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William L. Cox md</i>		22b. ADDRESS <i>Liberty Mo</i>	22c. DATE SIGNED <i>3/4/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>3-7-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fairview Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Liberty, Missouri</i>
24. FUNERAL DIRECTOR <i>Tyler-Pasley Liberty, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>3-6-59</i>	26. REGISTRAR'S SIGNATURE <i>James S. [Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 30 1959

OCT 4 1962

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 *[Handwritten Signature]* .....

Licensed Embalmer No. 4534  
P. O. Address *[Handwritten 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.