

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006602  
STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

FILED FEB 24 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 70

300  
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  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sedalia
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 920 West 10th		Length of stay in lb 20 years	d. STREET ADDRESS (If outside, give location) 920 West 10th
3. NAME OF DECEASED (Type or print) First Middle Last BAXTER E. OVERFELT			4. DATE OF DEATH Month Day Year Feb. 16, 1959
5. SEX Male <input type="checkbox"/>	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 Sept. 29, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Shop	9. AGE (In years last birthday) 65
11. BIRTHPLACE (City and state or country) Monroe County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME H.R. Overfelt		13b. MOTHER'S MAIDEN NAME Willia Farrell	14. NAME OF HUSBAND OR WIFE Mattie Belle Atkinson Overfelt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-05-7276	17. INFORMANT Address 920 W. 10th Mrs. Mattie Belle Overfelt, Sedalia, 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 Embolism- Only a few minutes. DUE TO (b) Myocardial Infarction 18 months ago. DUE TO (c) Chronic Myocarditis- Advanced Over 5 years. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mild Diabetes Over two years time. 4201			INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None. <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. None. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Over 15 years to Febr. 16th, 1959, and saw her alive on Febr. 14th, 1959. Death occurred at 4:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D. Jno. B. Carlisle M.D.		22b. ADDRESS Sedalia, Missouri.	22c. DATE SIGNED 2-17-59.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/59	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery	23d. LOCATION (City, town, or county) (State) Holiday, Missouri
24. FUNERAL DIRECTOR R. B. Young Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. Feb. 17, 1959	26. REGISTRAR'S SIGNATURE Betty Yeager Deputy

JUL 9 1959

FEB 26 1959

MAR 3 1959

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 *R. E. Baker* .....

Licensed Embalmer No. *2419* .....

P. O. Address *Sechalin* .....

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.