

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006832  
STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 56

300  
-57

Health,  
Welfare  
Public  
Service

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no cause.

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits of TOWNSHIP only) OR TOWN <b>St. Francois Twp. Farmington - rural</b>		c. CITY OR TOWN <b>Farmington</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thomas Dell Memorial Home</b>		d. STREET ADDRESS <b>R # 1</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last (Type or print) <b>James Alonzo Overall</b>			4. DATE OF DEATH Month Day Year <b>February 10, 1959</b>
5. SEX <b>Male</b> c	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 19, 1867</b>
9. AGE (In years last birthday) <b>91</b>		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) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Delassus, Missouri</b> c
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William P. Overall</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth White</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Ward Overall, Delassus, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4 2nd.</b>			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 <b>July 1953</b> to <b>2-10-59</b> and last saw <sup>him</sup> alive on <b>2-9-59</b> Death occurred at <b>11:35 am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. E. Carlitor, M.D.</b>		22b. ADDRESS <b>Farmington, Mo</b>	
22c. DATE SIGNED <b>2-11-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>2/12/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>K of P Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Farmington, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Miller Funeral Home Farmington, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 13, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Catherine Rudloff</b>

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 *Paul H. Royal* \_\_\_\_\_

Licensed Embalmer No. *4120* \_\_\_\_\_

P. O. Address *Farmington, Mo* \_\_\_\_\_

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.