

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025972

FILED VS AUG 4 1959

210

STATE REG. NUMBER 38

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Mercer		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mill Grove		a. STATE Missouri		b. COUNTY Mercer	
Length of stay in 1b life		c. CITY OR TOWN Mill Grove		d. STREET ADDRESS *****		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year	
First Burnette		Middle Ellen		Last Overton		7 18 59	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-I-1870	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months 10 Days 17		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Mercer County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Humphrey Hickman			13b. MOTHER'S MAIDEN NAME Angelane Clifton			14. NAME OF HUSBAND OR WIFE Randolph Overton-(decs.)	
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. none		17. INFORMANT Address Glen Overton-Princeton-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) Acute Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH 15 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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: _____ a.m. _____ 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 7-17-59 to 7-18-59 and last saw her alive on 7-17-59				Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Oliver F. Jeffers			22b. ADDRESS Princeton Mo			22c. DATE SIGNED July 27 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-20-59		23c. NAME OF CEMETERY OR CREMATORY Fairley Cemetery		23d. LOCATION (City, town, or county) Mercer County-Mo.	
24. FUNERAL DIRECTOR ADDRESS Martin-Azbell Funeral Home-Princeton-Mo.			25. DATE RECD. BY LOCAL REG. 7-27-59		26. REGISTRAR'S SIGNATURE Gene Moss		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lyman E. Rybell

Licensed Embalmer No. 5020

P. O. Address Princeton--Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.