RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS OCT 18 1960

-60-038653
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 492

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: INDEPENDENCE — Length of stay in 1b: 37 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: INDEP. SAN. & HOSP. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 1133 SOUTH MAIN — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: JOHN Middle: H. Last: OVERMAN
4. DATE OF DEATH: Month: OCTOBER Day: 6 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-1-1897
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED GROCERMAN
10b. KIND OF BUSINESS OR INDUSTRY: RETAIL GROCERY
11. BIRTHPLACE (City and state or country): SIBLEY, MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE OVERMAN
13b. MOTHER'S MAIDEN NAME: MARY SHRANK
14. NAME OF HUSBAND OR WIFE: LELA MAE OVERMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 493-12-2574
17. INFORMANT: LELA OVERMAN, 1133 So. Main St., Indep.Mo.

MEDICAL CERTIFICATION

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 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic heart disease — unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1953, to Present and last saw ~~he~~ him alive on 7/26/60
Death occurred at 2:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E B Hallowand (Degree or title)
22b. ADDRESS: Independence Mo
22c. DATE SIGNED: 10/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-9-60
23c. NAME OF CEMETERY OR CREMATORY: SALEM CEMETERY
23d. LOCATION (City, town, or county) (State): JACKSON COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: GEO.C.CARSON & SONS, INDEPENDENCE, MO.
25. DATE RECD. BY LOCAL REG.: 10-9-60
26. REGISTRAR'S SIGNATURE: James Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Dean W. Huff

Signature of Student Embalmer

Licensed Embalmer No. 4914

P. O. Address Indy, I

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