

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045038

STATE FILE NUMBER

FILED VS. JAN 10 1961

10

Primary Registration District No. 3002

Registrar's No. 305

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Callaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in lb <b>1 Day</b>		c. CITY OR TOWN <b>Auxvasse</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain Co. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Handall</b> Middle <b>Bedel</b> Last <b>Overfelt</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>31</b> Year <b>1960</b>			
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>12/31/1960</b>	9. AGE (last birthday) <b>30</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>30</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>Mexico Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ralph Overfelt</b>			13b. MOTHER'S MAIDEN NAME <b>Shirley Bedel</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
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. <b>None</b>		17. INFORMANT Address <b>Ralph Overfelt Auxvasse Mo.</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>New Born (Hydrocephalus)</b>						INTERVAL BETWEEN ONSET AND DEATH <b>swal about 1 1/4 hours.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Tumor</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 <b>12:25</b> a.m. <b>0</b> p.m.		Month, Day, Year					
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 <b>Dec 31 60</b> to <b>Dec 31 60</b> and last saw him alive on <b>Dec 31 60</b> Death occurred at <b>12:25</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>[Signature]</b>				22b. ADDRESS <b>Auxvasse Mo</b>		22c. DATE SIGNED <b>12-31-60</b>	
23a. MANNER OF REMOVAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-1-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Auxvasse Cemetery</b>		23d. LOCATION (City, town, or county) <b>Auxvasse Mo.</b>			
24. FUNERAL DIRECTOR <b>Maupin Funeral Home</b> ADDRESS <b>Auxvasse Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Dec 31 1960</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Not Embalmed*

**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 *Glen G. Maup*

Licensed Embalmer No. *2728*

P. O. Address *Fulton, N.Y.*

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.