

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960 042

=60-045221

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1304

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> Length of stay in 1b <u>Life</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No d. STREET ADDRESS (If outside, give location) <u>2901 Penn Street</u> Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2901 Penn Street</u> Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		d. STREET ADDRESS (If outside, give location) <u>2901 Penn Street</u> Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>C.</u> Last <u>OVERLE</u>	4. DATE OF DEATH Month <u>December</u> Day <u>12</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-27-1898</u>	9. AGE (last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pressman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Printing Company</u>	11. BIRTHPLACE (City and state or country) <u>St. Joseph, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Rankel</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Helen Oberle</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-09-3281</u>	17. INFORMANT Address <u>Mrs. Helen Oberle St. Joseph, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Coronary heart disease & recurrent occlusions, probable aneurism of left ventricle</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ 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	INTERVAL BETWEEN ONSET AND DEATH <u>Few Minutes</u> <u>3-26-54</u>
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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.) _____
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u>	COUNTY <u>Missouri</u>	STATE <u>Missouri</u>
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21. I attended the deceased from 11-8-51 to 12-12-60 and last saw ^{her}him alive on 12-12-60
 Death occurred at 12-12-60 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. B. Rest, M.D.</u>	22b. ADDRESS <u>316 No 10th St Joseph Mo</u>	22c. DATE SIGNED <u>12-13-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-15-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>H.O. Sidenfaden & Son St. Joseph, Mo. R. S. H.</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 15, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clara Standell</u>
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(Licensed Embalmer's Statement on Reverse Side) 12-15-60

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Root

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 Robert L. Hassebroek, Student Embalmer No. 617

working under my personal supervision.

Student *Robert L. Hassebroek*
Signature of Student Embalmer

Signed *Robert L. Hassebroek*
Licensed Embalmer No. 3308

P. O. Address St. Joseph, Miss

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.