SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61-022221

STATE FILE NUMBER

AMENDED

Registration District No. 294 Primary Registration District No. 30 56 Registrar's No. 119

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b: 45 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 131 Bedford — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 131 Bedford — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ANGUS Middle CHARLES Last OVERFELT
4. DATE OF DEATH: Month JUNE Day 13 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-22-1877
9. AGE (last birthday): 83 — 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 Freight Handler
10b. KIND OF BUSINESS OR INDUSTRY: Wabash Railroad
11. BIRTHPLACE (City and state or country): Madison, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Henry Overfelt
13b. MOTHER'S MAIDEN NAME: Susan Jackson
14. NAME OF HUSBAND OR WIFE: Mrs. Myrtle Overfelt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Myrtle Overfelt Address: Moberly

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 7 1/2 Mo
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. ☐ 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: Moberly COUNTY: Randolph STATE: Mo

21. I attended the deceased from Oct 1960, to June 13/61 and last saw her/him alive on June 13 1961
Death occurred at 12:20 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C C Smith MD
22b. ADDRESS: 312½ W Reed Moberly, Mo
22c. DATE SIGNED: 6-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-15-1961
23c. NAME OF CEMETERY OR CREMATORY: Oakland
23d. LOCATION (City, town, or county) (State): Moberly Missouri

24. FUNERAL DIRECTOR: Mahan Funeral Service ADDRESS: Moberly
25. DATE RECD. BY LOCAL REG.: 6-15-61
26. REGISTRAR'S SIGNATURE: Leah Lowe

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF / DOCUMENT

JUN 26 1961

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 John A. Green

Licensed Embalmer No. 3815

P. O. Address Moberly, 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.