

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030508  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 332

FILED AUG 31 1961

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Francois Township</b>		Length of stay in 1b <b>2Yrs. 10das.</b>	c. CITY OR TOWN <b>Arbyrd</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>State Hospital No. 4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>None</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ROBERT</b> Middle <b>L.</b> Last <b>OVERMAN, Sr.</b>	4. DATE OF DEATH Month <b>August</b> Day <b>17</b> Year <b>1961</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>June 17, 1902</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>2</b> 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) <b>Mechanic (automobile)</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lexington, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Felix Lee Overman</b>	13b. MOTHER'S MAIDEN NAME <b>Sally Katherine Moody</b>	14. NAME OF HUSBAND OR WIFE <b>Blanche Garrett</b>
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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) <b>None</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Rob't L. Overman, Jr., Senath, Mo.</b> Address <b>Records, State Hospital No. 4, Farmington, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage - - - - -</b>		<b>1 months.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertension with cerebral arteriosclerosis -</b>	<b>Unknown.</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) <b>Chronic brain syndrome with cerebral arteriosclerosis with Psychotic reaction.</b>	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
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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 _____ Month, Day, Year _____ a.m. _____ p.m. _____
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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 <b>Paragould, Arkansas</b>	COUNTY _____ STATE _____
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21. I attended the deceased from **August 7, 1959** to **August 17, 1961** and last saw **xx** him live on **August 17, 1961**  
Death occurred at **3:08 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John P. Brennan, M.D.</i> (Degree or title)	22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>	22c. DATE SIGNED <b>8-18-61</b>
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23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-18-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shiloh Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Paragould, Arkansas</b>
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24. FUNERAL DIRECTOR <b>Mitchell Funeral Home, Paragould, Arkansas.</b>	ADDRESS <b>Aug 18, 1961</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>
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AMENDED  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 AMENDMENTS ON THIS RECORD ARE TO BE MADE

AUG 31 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 \_\_\_\_\_  
*C. Hozean*

Licensed Embalmer No. 4084

P. O. Address Farrington

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.