

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001925
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 501

FILED FEB 13 1962

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>2 Days</u> | c. CITY OR TOWN <u>Leawood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Lukes</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2532 West 91st</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Kent</u> Last <u>Overholser</u> | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>28</u> Year <u>1962</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>7-15-1909</u> | 9. AGE (last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGE For GEN. Motors</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>MANAGE For GEN. Motors</u> | 11. BIRTHPLACE (City and state or country) <u>Oklahoma, City, Okla.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>William L. Overholser</u> | 13b. MOTHER'S MAIDEN NAME <u>Ella King</u> | 14. NAME OF HUSBAND OR WIFE <u>Jane Overholser</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>NO</u> known) (If yes, give <u>NO</u> dates of service) | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT <u>Jane Overholser</u> Address <u>2532 W 91st</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myo cardial infarction due to coronary atherosclerosis</u> DUE TO (b) <u>Ruptured duodenal ulcer</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u> <u>18 hours</u> |
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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u> </u> a.m. <u> </u> p.m. <u> </u> | Month, Day, Year <u> </u> <u> </u> <u> </u> |
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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 <u> </u> | COUNTY <u> </u> | STATE <u> </u> |
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21. I attended the deceased from 26 January 1962 to 28 Jan 1962 and last saw ^{her}him alive on 28 January 1962
Death occurred at 12:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Blaine Z. Hibbard MD</u> | 22b. ADDRESS <u>411 Nichols Rd. Kansas City, Mo.</u> | 22c. DATE SIGNED <u>28 Jan 62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>1-28-1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u> </u> | 23d. LOCATION (City, town, or county) <u>Oklahoma City, Okla.</u> |
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| 24. FUNERAL DIRECTOR <u>Stine McClure Kansas City, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-28-62</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Blaine Z. Hibbard
 SHOULD READ
 ITEM NO.

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 Thomas A. Kaehler

Licensed Embalmer No. 4993

P. O. Address K.C., 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.