

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029818

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 128

STATE FILE NUMBER

FILED JUL 18 1962

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center Twp.		Length of stay in 1b Lifetime	c. CITY OR TOWN Nevada Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NETTIE Middle MAY Last OVERTON			4. DATE OF DEATH Month July Day 2 Year 1962
5. SEX Fm	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-14-1913
9. AGE (last birthday) 48		IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Nevada Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Cornelius W. Williams	
13b. MOTHER'S MAIDEN NAME Mary Jane Huffman		14. NAME OF HUSBAND OR WIFE Bryan Overton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]	
17. INFORMANT Bryan Overton		Address Nevada, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 3 or 4 months
DUE TO (b) Overweight & Hypertension			Don't Know.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION Nevada	COUNTY Vernon STATE Mo.
21. I attended the deceased from Jan 1962 to July 2-1962 and last saw her alive on July 2-1962 . Death occurred at 12:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Love, MD. (Degree or title)		22b. ADDRESS Nevada Mo.	22c. DATE SIGNED July 6-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1962	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	23d. LOCATION (City, town, or county) Nevada Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 7-14-1962	26. REGISTRAR'S SIGNATURE Anna G. Perry

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 *Ray E. Ireland*
Licensed Embalmer No. _____

P. O. Address *Greensboro, N.C.*

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.