

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13555

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 58

0512

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Johnson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>  |  |
| c. LENGTH OF STAY (in this place) <u>5 weeks</u>  |  | d. STREET ADDRESS (If rural, give location) <u>420 Greer</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital &amp; Clinic</u>                |  |  |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>William</u> b. (Middle) <u>Noah</u> c. (Last) <u>Overbey</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1950</u> |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>                       |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>        |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>News Paper</u> |   | 8. DATE OF BIRTH <u>September 29, 1893</u>                            |  |
|   |  |   |   | 9. AGE (in years last birthday) <u>66</u>                             |  |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>   |  |   |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                             |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>John A. Overbey</u>                                   |  | 13b. MOTHER'S MAIDEN NAME <u>Sarepta Redford</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Mrs Grace L. Overbey</u>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>487-03-9752</u>       |  | 17. INFORMANT'S SIGNATURE OR NAME <u>W. N. Overbey</u> ADDRESS <u>Warrensburg</u> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of stomach</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                |  |  |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?   |  |

22. I hereby certify that I attended the deceased from Nov 2, 1949, to April 20, 1950, that I last saw the deceased alive on April 20, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                    |  |   |  |
|---|--|------------------------------------|--|---|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title)     |  | 23b. ADDRESS <u>Warrensburg Mo</u> |  | 23c. DATE SIGNED <u>4-22-50</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>4-22-50</u>           |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Urlich Cemetery</u>             |  |
|   |  |                                    |  | 24d. LOCATION (City, town, or county) (State) <u>Urlich, Missouri</u> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Apr. 22, 1950</u> |  | REGISTRAR'S SIGNATURE <u>[Signature]</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Warrensburg Mo</u> |  |
|---|--|--|--|---|--|

RECEIVED  
APR 23 1950  
JOHNSON COUNTY HEALTH DEPT.

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed P. M. Bauniger

Licensed Embalmer No. 3577

P. O. Address Warrsburg, 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 this body is not embalmed, fact should be so stated above.