

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021715

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 137 Primary Registration District No. 5519 Registrar's No. 826

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo 0420</i> b. COUNTY <i>Henry</i>			
b. CITY (If outside corporate limits, give location only) Inside Limits OR TOWN <i>Near Urick Mo</i> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN <i>Near Urick</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS <i>Urick Mo.</i> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Walter R. Overbey</i>				4. DATE OF DEATH Month <i>6</i> Day <i>26</i> Year <i>1958</i>			
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July 26, 1889</i>	
9. AGE (In years last birthday) <i>68</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Urick, Mo.</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>	
13. FATHER'S NAME <i>Engene Reed Overbey</i>				14. MOTHER'S MAIDEN NAME <i>Minnie Myrtle Post</i>			
15. WAS DEPOSED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yrs, give war or dates of service)		16. SOCIAL SECURITY NO. <i>490-05-9137</i>		17. INFORMANT <i>Lena McKeon, Creighton Mo</i> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-Vascular Accident</i>							INTERVAL BETWEEN ONSET AND DEATH <i>INSTANT</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							<i>331X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((a))							19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
<i>Unattended death. Found dead @ 8:50 AM 6-27-58</i>		<i>Estimated death at 8 PM to 10 PM 6-27-58</i>		<i>Urick, Mo.</i>		<i>Urick Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>W.D. Brudakan, MD (Crown)</i>				22b. ADDRESS <i>Urick, Mo.</i>		22c. DATE SIGNED <i>6/27/58</i>	
23a. BURIAL, CREMATION, OR DISPOSITION		23b. DATE <i>June 22, 1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Urick Ceme.</i>		23d. LOCATION (City, town, or county) (State) <i>Urick Mo</i>	
24. FUNERAL DIRECTOR <i>Brown &amp; Graham</i>		ADDRESS <i>Urick Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-30-58</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Disorders in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *R. R. Kenney*.....

Licensed Embalmer No. *20*.....

P. O. Address *Clinton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.