

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0021890

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 628-5 Primary Registration District No. 370 Registrar's No. 141

JNF FILED 05 64

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clubb</u>		c. CITY OR TOWN <u>Zalma</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Rfd. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Beauford</u> Middle <u>NMI</u> Last <u>Overton</u>		4. DATE OF DEATH Month <u>May</u> Day <u>25</u> , Year <u>1964</u>	
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>7-13-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Forestry Aid 1. Conservation Comm.</u>		11. BIRTHPLACE (City and state or country) <u>Zalma, Mo.</u>	
13a. FATHER'S NAME <u>Richard Overton</u>		14. NAME OF HUSBAND OR WIFE <u>Melva Overton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>X X X X X X</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min</u>	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Single car accident - car ran</u>	
20c. TIME OF INJURY <u>4:30</u>	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, etc.) <u>Highway 3x</u>	
21. I attended the deceased from <u>5:15</u> to <u>P</u> and last saw her alive on <u>May 25 - 1964</u>		22c. DATE SIGNED <u>May 30 - 1964</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-27-64</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		23d. LOCATION (City, town, or county) <u>Lutesville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Watkins &amp; Sons</u>		25. DATE RECD. BY LOCAL REG. <u>6-1-64</u>	
26. REGISTRAR'S SIGNATURE <u>Bretta M. Ward</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JUL 1 1964

JUN 9 1964

**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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.