

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16477

State File No.

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5647 Registrar's No. 218

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Freistatt</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Freistatt</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freistatt Freistatt</u>			
3. NAME OF DECEASED a. (First) <u>LOUISE</u> b. (Middle) <u>C.</u> c. (Last) <u>OBERMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 26 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 13- 1865</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>1</u> DAYS <u>1</u> HOURS <u>0</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>Venedy Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Christian BIERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIE KAISER</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Obermann</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Walter Kuchman</u>		ADDRESS <u>Golden City</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolus from mural thrombus</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> ANTECEDENT CAUSES <u>Cholesterol</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>The myocarditic infarction of eye</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Reversible myocardial infarction of the heart</u>	
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 <u>Feb 4, 1949</u> to <u>May 26, 1949</u> , that I last saw the deceased alive on <u>Feb 4, 1949</u> , and that death occurred at <u>5:22 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert R. Ducey M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	
23c. DATE SIGNED <u>May 28 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/29/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Freistatt Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-6-49</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Kuchman</u>		ADDRESS <u>Golden City</u>	

RECEIVED

District Health Officer No. 6,

District File Number 649-642

Date Filed 6-9-49

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.