

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1677

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 4299		Registrar's No. 479	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin,		0580	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Obermann			c. (Last) Obermann	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 4, 1955							
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 0		8. DATE OF BIRTH Aug. 23, 1880	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 5		Days 11		IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Ship Yards		11. BIRTHPLACE (State or foreign country) Erdberg, Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Henry Obermann			13b. MOTHER'S MAIDEN NAME Katherina Poldt			14. NAME OF HUSBAND OR WIFE ---	
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. 495-09-6978		17. INFORMANT'S SIGNATURE OR NAME Frank Obermann		ADDRESS Bucklin, Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:10 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lester B. Mc Clelland, Coronist				23b. ADDRESS Brookfield, Mo.		23c. DATE SIGNED 2/4/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 7, 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Killard		24d. LOCATION (City, town, or county) (State) Marceline, Mo.	
DATE REC'D BY LOCAL REG. 2/5/1955		REGISTRAR'S SIGNATURE Madame Handcock		25. FUNERAL DIRECTOR'S SIGNATURE Larson Funeral Service		ADDRESS Bucklin, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1956

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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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri.

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.