

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33201**  
Registrar's No. **116**

FILED OCT 22 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2503 S. 18th Street</b>		e. STREET ADDRESS (If rural, give location) <b>2503 S. 18th Street</b> <b>01170</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Henry</b> c. (Last) <b>Obermier</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 12, 1956.</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 14, 1897</b>	9. AGE (In years) <b>59</b>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Andrew County, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>William Obermier</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Maag</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Obermier</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW# 1. 497-40-6986</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Obermier</b> ADDRESS <b>St. Joseph, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma, Bladder</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) <b>181X</b>	
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 **7-28-1953** to **10-12-1956**, that I last saw the deceased alive on **10-12-1956**, and that death occurred at **9:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Albert B. Kellert</b>		23b. ADDRESS <b>Lawrence, Mo.</b>		23c. DATE SIGNED <b>10-16-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 15, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Oct. 18, 1956</b>		REGISTRAR'S SIGNATURE <b>Catharine M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Meierhoffer - Sherman</b> ADDRESS <b>St. Joseph, Mo.</b>	
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WRITES PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

25-8-10

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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 *Simon J. Chenevix*  
Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.