

FILED OCT 19 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 110482Primary Registration District No. 110Registrar's No. 85

5425

Health,
Welfare
Public
Service300
7-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY FRANKLIN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOEUF		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Berger R.F.D. Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF DECEASED HOSPITAL OR INSTITUTION Residence 2 Miles East of Berger			Length of stay in lb Lifetime		d. STREET ADDRESS (If outside, give location) 2 Miles east of Berger, Mo
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		Month Day Year
JOHN FRANK LOUIS OBERWORTMANN			10 15 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-10-1858	9. AGE (In years last birthday) 98	IF UNDER 1 YEAR Months Days Hours Min 4 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Berger, Mo. RFD		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME F.W. Oberwortmann			14. MOTHER'S MAIDEN NAME Christina Schroeder		
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. None	17. INFORMANT Address Arthur Oberwortmann Berger, Mo RFD		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 to 4 days
Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis (generalized)					20 yrs.
DUE TO (c)					
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a. m. p. m.					
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
21. I attended the deceased from 2/2/51 to 10/15/56 and last saw him him alive on 10/15/56 Death occurred at 8:10 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B. P. Eisenmann M.D.			22b. ADDRESS New Haven, Mo.		22c. DATE SIGNED 10/16/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-17-1956	23c. NAME OF CEMETERY OR CREMATORY St. Johns E&R Cemetery		23d. LOCATION (City, town, or county) (State) Berger Mo	
24. FUNERAL DIRECTOR'S ADDRESS Frank Blumer Berger Mo		25. DATE RECD. BY LOCAL REG. 10/17/56	26. REGISTRAR'S SIGNATURE Nettie Mearns		

(Licensed Embalmer's Statement on Reverse Side)

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 *Chas. D. Pope*.....

Licensed Embalmer No. *253*

P. O. Address *Hermann*

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