

health, Welfare Public Service
 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED NOV 7-1956

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>CASCONADE</u>			2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CASCONADE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HERMANN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>HERMANN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W. 8th + JEFFERSON</u>		Length of stay in lb <u>13 4RS</u>	d. STREET ADDRESS <u>W. 8th + JEFFERSON</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER RICHARD OBENHAUS</u>			4. DATE OF DEATH Month Day Year <u>Oct 12 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 16-1889</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mushroom</u>	11. BIRTHPLACE (City and state or country) <u>HERMANN Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>CHARLES OBENHAUS</u>			14. MOTHER'S MAIDEN NAME <u>EMMA GAEBLER</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>EC. OBENHAUS HERMANN Mo</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>SUICIDE BY HANGING WITH</u> <u>ELECTRIC WIRE CORD IN GARAGE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Delma Gerken Registrar Hermann Mo.</u>			22b. ADDRESS		22c. DATE SIGNED <u>10-12-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10/12/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HERMANN Mo</u>
24. FUNERAL DIRECTOR <u>HUGO H. BLUMER</u>		ADDRESS <u>HERMANN Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-14-1956</u>	26. REGISTRAR'S SIGNATURE <u>Delma Gerken</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

492

1958

8 AUG 1958

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.....
August Hermann

Licensed Embalmer No. 311

P. O. Address Hermann

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