

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40516

STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 27 Primary Registration District No. 6077 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY <u>Bates</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Charlotte Twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD 1 Amoret Mo</u> Length of stay in 1b <u>13 yrs</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> c. CITY OR TOWN <u>Rt 1 Amoret Mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Charlotte Twp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Louise Thresa Obermeier</u> First Middle Last			4. DATE OF DEATH <u>Dec. 18 1956</u> Month Day Year			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>2</u> <input checked="" type="checkbox"/> WIDDED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 8 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Georgetown Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Criss Hahner</u>			14. MOTHER'S MAIDEN NAME <u>Mary Albert</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Emma Koopman-Amoret Missouri</u> Address		
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>pulmonary edema</u> DUE TO (b) <u>left side heart failure</u> DUE TO (c) <u>hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>chronic nephritis and hypertension</u>					INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>2.0 months</u> <u>5 years.</u>	
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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>		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 <u> </u> STATE <u> </u>		
21. I attended the deceased from <u>May, 1940</u> , to <u>Dec. 17-56</u> and last saw her ^{her} _{him} alive on <u>Dec 17-56</u> Death occurred at <u>6:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>L. S. Lathrop, M.D.</u>			22b. ADDRESS <u>Butler Missouri</u>		22c. DATE SIGNED <u>12/18/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/21/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forrest Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>			
24. FUNERAL DIRECTOR <u>Culver Underwood-Butler Missouri</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec 21-56</u>		26. REGISTRAR'S SIGNATURE <u>Rendell Kray</u>		

(Licensed Embalmer's Statement on Reverse Side)

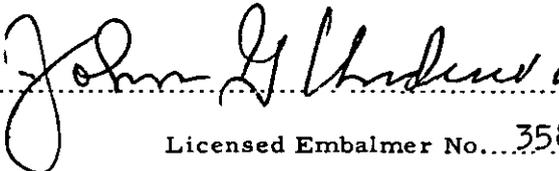
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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 

Licensed Embalmer No. 358

P. O. Address Butler, Miss.

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.