

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017036
State File No. 45

FILED MAY 14 1958

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 45

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

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give town or TOWN Dexter)		c. LENGTH OF STAY (In this place) 5 mo.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		1031
d. FULL NAME OF HOSPITAL OR INSTITUTION Worley Rd.			d. STREET ADDRESS (If rural, give location) Worley Rd.		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) William	c. (Last) Obrist Sr.	4. DATE OF DEATH (Month) (Day) (Year) May 9, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 1, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Post Office employee		10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John A. Obrist		13b. MOTHER'S MAIDEN NAME Mattie Duffey	14. NAME OF HUSBAND OR WIFE Maude Obrist		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XXXXXXXXXX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Obrist Dexter, Missouri		
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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Decompensation			4 days
		DUE TO (c) Paget's disease			1 yr.
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) 731 X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Feb. 19 58 , to May 9 19 58 , that I last saw the deceased alive on May 9 19 58 , and that death occurred at 10 am. , from the causes and on the date stated above.					
23a. SIGNATURE W. J. Johnson (Degree or title)			23b. ADDRESS 19 N Walnut Dexter Mo		23c. DATE SIGNED 5-9-58
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-12-58	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.	24d. LOCATION (City, town, or county) (State) Afton, Missouri		
DATE REC'D BY LOCAL REG. 5/10/58		REGISTRAR'S SIGNATURE Volma D. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Dexter, Mo.		

MAY 20 1958

MAY 22 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
Student Embalmer

Signed Marsh Withers

Licensed Embalmer No. 4717

P. O. Address Deiter 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 this body is not embalmed, fact should be so stated above.