

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017765

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 115-116 Primary Registration District No. 3070 Registrar's No. 159

S. 300
y. 1-57

362
0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY GASCONADE	
b. CITY OR TOWN WASHINGTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN HERMANN 03716 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL		Length of stay in lb 1 DAY	
d. STREET ADDRESS 1754 WASHINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last IRMA CHRISTINA OBENHAUS			4. DATE OF DEATH Month Day Year MAY 25 1958
5. SEX FEMALE	6. COLOR OR RACE CAU.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 9-1898
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) HERMANN Mo
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Haid	
13b. MOTHER'S MAIDEN NAME EMILY NEUMANN		14. NAME OF HUSBAND OR WIFE Edgar C. Obenhaus	
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 E.C. Obenhaus HERMANN Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF OVARY			INTERVAL BETWEEN ONSET AND DEATH 18 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1750
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ARTERIOSCLEROTIC HEART DISEASE			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 1-19-54 to 5-25-58 and last saw her alive on 5-25-58 Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George M. Worleyman M.D.		22b. ADDRESS HERMANN, Mo	22c. DATE SIGNED 5/24/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5/28/1958	23c. NAME OF CEMETERY OR CREMATORY HERMANN MAUSOLEUM	23d. LOCATION (City, town, or county) (State) HERMANN Mo
24. FUNERAL DIRECTOR ADDRESS HOGO H. BLUMER HERMANN Mo		25. DATE RECD. BY LOCAL REG. 5/27/58	26. REGISTRAR'S SIGNATURE J.C. Sudmann

8961 8 T NNP

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 ROGER W. BLUMER, Student Embalmer No. 553

working under my personal supervision.

Student Roger W. Blumer
Signature of Student Embalmer

Signed Roger W. Blumer
Licensed Embalmer No. 3160
P. O. Address Herrmann M

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.