

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028577
STATE FILE NUMBER

FILED SEP 8 1958

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 103

300
1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Liberty 60010
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp.		Length of stay in 1b 2 Weeks	d. STREET ADDRESS (If outside, give location) 509 W. Kansas
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Paul Middle Henry Last Obermeyer			4. DATE OF DEATH Month Aug. Day 12, Year 1958		
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1899	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Obermeyer	13b. MOTHER'S MAIDEN NAME Mary Frohn	14. NAME OF HUSBAND OR WIFE Neva Obermeyer
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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. 486-09-3699	17. INFORMANT Mrs. Neva Obermeyer	Address 905 W. Kansas Liberty, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Failure		INTERVAL BETWEEN ONSET AND DEATH 20 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cirrhosis Liver -	
	DUE TO (c) Acute hepatitis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810		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.) 5810
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20c. TIME OF INJURY Hour 2 p.m. Month Aug. Day 12, Year 1958	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Liberty, Missouri
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21. I attended the deceased from Dec 10, 1956 to Aug 12, 1958 and last saw ^{her} him alive on Aug 12, 1958 Death occurred at 2 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>[Signature]</i> (Degree or title) S.M.A.	22b. ADDRESS Smithville Mo	22c. DATE SIGNED 8/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-15-58	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) Liberty, Missouri
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24. FUNERAL DIRECTOR Tyler-Pasley Funeral Home	ADDRESS Liberty, Mo.	25. DATE RECD. BY LOCAL REG. 8-15-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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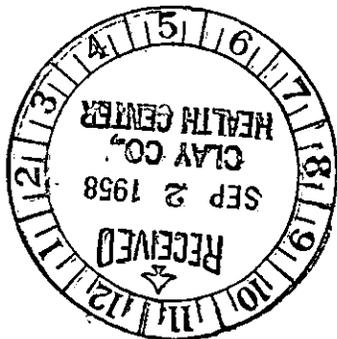
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *W. W. [Signature]*

Licensed Embalmer No. *4534*

P. O. Address *Liberty 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.