

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19609

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>815 Rear Merriwether St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>815 Rear Merriwether</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Joe</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Obermiller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1950</b>
--	-----------------------	-----------------------	-----------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 6, 1919</b>	9. AGE (in years last birthday) <b>30</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HOUR Days	12. UNDER 1 MIN. Hours Min.
--------------------	-------------------------------	--	--------------------------------------	---	-------------------------	-----------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Jackson, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>Fred Obermiller</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Jordan</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Obermiller, Cape Gir. Mo.</b>	ADDRESS
---	-------------------------------------	---	---------

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; ashenia; etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac failure acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardiovascular</b>		
	DUE TO (c) <b>Renal disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy, e/u.</b>			<b>20 yrs.</b>

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) <b>4422</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 3/10/50, 1950, to 6/19, 1950, that I last saw the deceased alive on 6/19/50, 1950, and that death occurred at 6:30P m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joe Crowe</b>	(Degree or title) <b>Miss.</b>	23b. ADDRESS <b>Cape Girardeau, Mo.</b>	23c. DATE SIGNED <b>6/21/50</b>
---------------------------------	--------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 21, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Mo.</b>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>6-21-1950</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>Howard B. Harman - Cape Gir. Mo.</b>	ADDRESS
---	--	----	--	---------

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

650-829

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 Howard R. Aman

Licensed Embalmer No. 4122

P. O. Address Cap Hillman, N.Y.

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.