

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 6962 Registrar's No. 36

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1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PLATTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WESTON</u> <u>0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>J</u> c. (Last) <u>LOBER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>DEC. 25, 1867</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>WESTON, MO</u>			12. CITIZEN OF WHAT COUNTRY <u>U</u>		

13a. FATHER'S NAME <u>N-B. LOBER</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY RICE</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE KYLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Andrew Lober Weston Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					<u>3 months</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.		DUE TO (b) <u>Prostatitis with Prostatectomy</u>			<u>8 months</u>
		DUE TO (c) <u>XXXXXXX</u>			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis 610X</u>			<u>5 yrs.</u>

19a. DATE OF OPERATION <u>9/15/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign hypertrophy of prostate</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Weston Platte Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>XXXXXXX</u>	

22. I hereby certify that I attended the deceased from Feb. 16, 1953, to May 15, 1953 that I last saw the deceased alive on May 14, 1953, and that death occurred at 6 50 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Louis C. Calverh M.D.</u>		23b. ADDRESS <u>Weston Missouri</u>		23c. DATE SIGNED <u>5/18/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>WESTON, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>6-18-53</u>		REGISTRAR'S SIGNATURE <u>Opheia Robinson</u> <u>257</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>VAUGHN FUNERAL HOME WESTON, MO.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

W. R. Vangh

Licensed Embalmer No. *14023*

P. O. Address *Westing Mrs.*

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.