

FILED AUG 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27074
3381

BIRTH NO. 059681-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Shawnee
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		X STREET ADDRESS (If rural, give location) 11408 W 51 Terr. 8150	

3. NAME OF DECEASED a. (First) Infant Mary b. (Middle) OBERZAN c. (Last) OBERZAN			4. DATE OF DEATH (Month) (Day) (Year) 8 2 1956		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-2-56	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward M. Oberzan		13b. MOTHER'S MAIDEN NAME Jana E. Mersman		NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edward M. Oberzan ADDRESS Shawnee, KS		

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature labor			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature separation of placenta DUE TO (c) Unknown			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurely - 6 mos			7615

19a. DATE OF OPERATION 8-2-56	19b. MAJOR FINDINGS OF OPERATION Premature infant - 6 mos		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shawnee City Johnson, Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR		

22. I hereby certify that I attended the deceased from **8-2-56**, 1956, to **8-2-56**, 1956, that I last saw the deceased alive on **8-2-56**, 1956, and that death occurred at **8:05 A.M.**, from the causes and on the date stated above.

23. SIGNATURE Robert S. Higgins M.D.		23b. ADDRESS 411 Nichols Pl. N.C. Mo.	23c. DATE SIGNED 8-2-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-2-56	24c. NAME OF CEMETERY OR CREMATORY St. Joseph	24d. LOCATION (City, town, or county) (State) Shawnee Kansas
DATE REC'D BY LOCAL REG. 8-3-56	REGISTRAR'S SIGNATURE Neva Minchall	25. FUNERAL DIRECTOR'S SIGNATURE Estaux C. Shawnee Kansas ADDRESS	

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.....
Signature of Student Embalmer

Signed *E. Paul Lewis*

Licensed Embalmer No. *4385*

P. O. Address *Shawnee, Ka*

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.