

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 53

Primary Registration District No. 5785

Registrar's No. 1166

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, give TOWN OR TOWN Rural-Cape Girardeau)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Cape Girardeau Rt#2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home			Length of stay in 1b 50 Years		d. STREET ADDRESS (If outside, give location) Cape Girardeau Rt#2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First August Middle H. Last Oberbeck				4. DATE OF DEATH Month March Day 3 Year 1957					
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 14, 1883		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 3 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Express			10b. KIND OF BUSINESS OR INDUSTRY Delivery		11. BIRTHPLACE (City and state or country) Cape Girardeau County Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Earnest Oberbeck				14. MOTHER'S MAIDEN NAME Mathilda Kurre					
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. Unknown		17. INFORMANT Mrs. A. H. Oberbeck Address Cape Girardeau Rt#2					
18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Heart Disease							INTERVAL BETWEEN ONSET AND DEATH 30 Min.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Diabetes Mellitus		DUE TO (c) Coronary Atherosclerosis					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							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.) 260x						
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 									
20d. INJURY OCCURRED WHILE AT WORK <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 March 3rd, 1957 and last saw back him live on 3/3/57 Death occurred at March 3rd, 1957 17:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) William M. Estes M.D.				22b. ADDRESS Cape Girardeau 714 Broadway Mo		22c. DATE SIGNED 3-6-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 6, 1957	23c. NAME OF CEMETERY OR CREMATORY Hanover Cemetery		23d. LOCATION (City, town, or county) (State) Cape Girardeau County, Mo.				
24. FUNERAL DIRECTOR Brinkopf Howell ADDRESS Cape Girardeau Mo.			25. DATE RECD. BY LOCAL REG. 3-7-57		26. REGISTRAR'S SIGNATURE O. C. Summers				

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

00-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 6 1959

1951

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, ~~on~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Neil H. Crosslander*.....

Licensed Embalmer No. 499

P. O. Address *Cape Girardeau*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.