

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28316
STATE FILE NUMBER
3751

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3751

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		Length of stay in hospital 47 yrs	d. STREET ADDRESS (If outside, give location) 1217 E-82 TERRACE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROBERT Middle D. Last OBERMEYER, JR.			4. DATE OF DEATH Month AUGUST - Day 8 - Year 1957		
5. SEX D MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT. 30, 1882		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MANAGER		10b. KIND OF BUSINESS OR INDUSTRY G. E. LAMP DIVISION		11. BIRTHPLACE (City and state or country) WINCHESTER, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME PETER OBERMEYER		13b. MOTHER'S MAIDEN NAME LICIND BEASLEY	
14. NAME OF HUSBAND OR WIFE LOTTA C. OBERMEYER		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. 486-09-7286A	
17. INFORMANT R. D. OBERMEYER		Address 2703 W. 73RD TERR. KANSAS.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Perf. Diverticulism - ascending colon DUE TO (c) Diverticulitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):	
INTERVAL BETWEEN ONSET AND DEATH 24 hours 36 " 57-1		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.)		20c. TIME OF INJURY Hour 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 7-27-57 to 8-8-57 and last saw ^{her} _{him} alive on 8-7-57 Death occurred on 3 am on the date stated above; and to the best of my knowledge, from the causes stated.					
SIGNATURE W. Parsons, M.D.		(Degree or title)		22b. ADDRESS Playa Med Bldg	
22c. DATE SIGNED 8-9-57		23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE AUG. 10, 1957	
23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) KANSAS CITY		STATE MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS		ADDRESS 1351 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 8-10-57	
26. REGISTRAR'S SIGNATURE Neva Marshall					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)



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 *Chester K Brown*

Licensed Embalmer No. *498*
P. O. Address *KO Me*

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.