

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031985

STATE FILE NUMBER

FILED SEP 22 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 459

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) <u>Missouri Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cape Girardeau Mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaf Nursing Home</u>		Length of stay in lb <u>4yrs</u>	d. STREET ADDRESS (If outside, give location) <u>329 N Fountain Street</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Cora Payton Obermiller</u>			4. DATE OF DEATH Month Day Year <u>Sept, 3, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct, 20, 1878</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>	11. BIRTHPLACE (City and state or country) <u>Dubois Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Wm Payton</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy E. Watts</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Obermiller Deac</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-30-8858</u>	17. INFORMANT Address <u>Glen Obermiller Cape Girardeau Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized Arteriosclerosis</u>			<u>5 years</u>
DUE TO (c) _____			<u>4200</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Thrombosis</u>			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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <u>Oct 21, 1954</u> to <u>Sep 3, 1958</u> and last saw her alive on <u>Sep 3, 1958</u> Death occurred at <u>8:45PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. Reabough, M.D.</u>		22b. ADDRESS <u>24 N. Sprigg Cape Gir., Mo</u>	22c. DATE SIGNED <u>9- 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept, 5, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russel Hights</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>L.L. Haman Cape Girardeau Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 17, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Homer Cooper</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *H. J. Harman*

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.