

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
FILED VS OCT 29 1959

59-035107

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3008 Registrar's No. 124

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Barry</u>																	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Length of stay in 1b <u>8 Hrs.</u>		c. CITY OR TOWN <u>Monett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>St. Vincent Hosp.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
3. NAME OF DECEASED (Type or print) First <u>ROGER</u> Middle <u>DEAN</u> Last <u>OBERMANN</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>20</u> Year <u>1959</u>																	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <u>Infant</u>		8. DATE OF BIRTH <u>10/19/59</u>		9. AGE (last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Monett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY											
13a. FATHER'S NAME <u>Gilbert Obermann</u>				13b. MOTHER'S MAIDEN NAME <u>Dortha Ann Eoff</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>													
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Infant</u>				16. SOCIAL SECURITY NO.				17. INFORMANT <u>Gilbert Obermann</u> Address <u>Monett, Mo.</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border: none;">IMMEDIATE CAUSE (a)</td> <td style="border: none;"><u>Premature</u></td> <td style="border: none;"><u>(6 mo. ?)</u></td> <td style="border: none;">INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u></td> </tr> <tr> <td style="border: none;">Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</td> <td style="border: none;">DUE TO (b)</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">DUE TO (c)</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										IMMEDIATE CAUSE (a)	<u>Premature</u>	<u>(6 mo. ?)</u>	INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)				DUE TO (c)		
IMMEDIATE CAUSE (a)	<u>Premature</u>	<u>(6 mo. ?)</u>	INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>																		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)																				
	DUE TO (c)																				
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																					
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 <u> </u> Month, Day, Year <u> </u>				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 <u> </u> STATE <u> </u>													
21. I attended the deceased from <u>October 19, 1959</u> , to <u>October 20, 1959</u> and last saw <u>him</u> alive on <u> </u>																					
Death occurred at <u>About 2:30 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																					
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>					22b. ADDRESS <u>315 1/2 Broadway, Monett, Missouri</u>					22c. DATE SIGNED <u>10-21-59</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			23b. DATE <u>10/20/59</u>			23c. NAME OF CEMETERY OR CREMATORY <u>McCormick-St. John</u>			23d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u>												
24. FUNERAL DIRECTOR <u>J. D. Buchanan</u> ADDRESS <u>Monett, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>10-21-59</u>					26. REGISTRAR'S SIGNATURE <u>[Signature]</u>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 J. D. Buchanan
Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

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.