

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-024413**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 123

**FILED JUL 25 1961**

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Garden City</b>		c. CITY OR TOWN <b>Garden City</b>	
Length of stay in 1b <b>6 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Clifton Henry Oberweather</b>		4. DATE OF DEATH Month Day Year <b>7 19 1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/10/1892</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Milling Company</b>	11. BIRTHPLACE (City and state or country) <b>Lexington, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Oberweather</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Ammerman</b>		14. NAME OF HUSBAND OR WIFE <b>Celeste Oberweather</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Celeste Oberweather</b>		Address <b>Garden City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Coronary insufficiency</b> DUE TO (c) <b>Asperosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 a.m. p.m. Month, Day, Year	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 <b>7-19-61</b> to <b>7-19-61</b> and last saw him alive on <b>7-1-61</b> Death occurred at <b>7-19-61 6:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) <b>Edward S. Jones M.D.</b>		22b. ADDRESS <b>Harrisonville, Mo.</b>	
22c. DATE SIGNED <b>7-21-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/22/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Garden City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Garden City, Missouri</b>
24. FUNERAL DIRECTOR <b>Atkinson-Dickinson Co. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>July 21-1961</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Roy Sebra</b>	

1961 JUL 27 700

AUG 17 1961

AUG 7 1961

**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,

        , Student Embalmer No.         

working under my personal supervision.

Student           
Signature of Student Embalmer

Signed *Picky J. Hickey*

Licensed Embalmer No. 4685

P. O. Address *Madison City, TN*

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.