

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014790

STATE FILE NUMBER

Registration District No. 0021 Primary Registration District No. 5010 Registrar's No. 46

FILED MAY 15 1963	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton Township</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles SW Rosendale</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> c. CITY OR TOWN <u>RFD # 1, Rosendale</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>5 miles southwest</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Craig Lenn Offenbacher</u>	
4. DATE OF DEATH Month Day Year <u>May 10, 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-19-61</u>
9. AGE (last birthday) <u>1</u>	
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) <u>never worked</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>
11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Marshall Offenbacher</u>	
13b. MOTHER'S MAIDEN NAME <u>Fern Louise Crowley</u>	
14. NAME OF HUSBAND OR WIFE <u>- - - -</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>no</u>	
16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT Address <u>RFD # 1 Rosendale, Mo</u> <u>Marshall Offenbacher</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>Cerebral concussion</u> DUE TO (b) <u>Blow to head</u> DUE TO (c) <u>struck down by truck</u> INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fractured neck and skull</u>	
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 checked="" 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.) <u>Walked out on U.S. Hiway 71 in front of tractor-trailer truck and was struck by same.</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <u>May 10, 1963</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>US Highway # 71</u>	
20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Andrew Mo.</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <u>8:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. Maxwell</u>	
22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>	
22c. DATE SIGNED <u>5/10/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>5-12-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Savannah Cemetery</u>	
23d. LOCATION (City, town, or County) (State) <u>Savannah, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>BREIT & HAWKINS SAVANNAH</u>	
25. DATE RECD. BY LOCAL REG. <u>5-13-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Debra L. Williams</u>	

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0020

2 0020

3

4 0

5 0

6

7 0

8 2

9 X

10

11 002

12 90-2

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 21 1963
JUL 11 1963

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: James P. Hawkins

Licensed Embalmer No. 4532

P. O. Address Savannah

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.