.S. No. 300
EV. 10.48

0230
5

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23060

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5281 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: Clark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Madison Tp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Home Kahoka Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Clark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kahoka Madison Tp. Mo
d. STREET ADDRESS (If rural, give location): 0230

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle): Williamena
c. (Last): Oberman

4. DATE OF DEATH (Month) (Day) (Year): July 16 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Mar 10 1865
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months 4, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Fenton Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Fred Wehmeyer
13b. MOTHER'S MAIDEN NAME: Dorah Bogner
14. NAME OF HUSBAND OR WIFE: Henry Oberman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: W. H. Wehmeyer St Louis Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 794

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 16, 1950, *to* July 16, 1950, *that I last saw the deceased alive on* July 16, 1950, *and that death occurred at* 10 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J M Riggs MD
23b. ADDRESS: Kahoka Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 18 1950
24c. NAME OF CEMETERY OR CREMATORY: Fenton
24d. LOCATION (City, town, or county) (State): Fenton Mo

DATE REC'D BY LOCAL REG.: 7/18 50
REGISTRAR'S SIGNATURE: A Bridges
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gertha Bassett Memphis Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 25 1950
District Health Officer No. 10
District File Number 7-50-1218
Date Filed JUL 31 1950

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 ..... Student Embalmer

Signed Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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 this body is not embalmed, fact should be so stated above.