

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4865
471

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>471</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>441 East 62d Street</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>441 East 62d Street</u>				d. STREET ADDRESS (If rural, give location) <u>441 East 62d Street</u>				<u>380</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>		b. (Middle) <u>C.</u>		c. (Last) <u>OBERLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1, 1951</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>8-1-73</u> 1872			
9. AGE (in years last birthday) <u>78</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railway Postal Clerk</u>		11. BIRTHPLACE (State or foreign country) <u>White Springs, Pa.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alvin Oberlin</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Boganreif</u>		14. NAME OF HUSBAND OR WIFE <u>Charlotte Oberlin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Esther Hart, 441 E. 62d St., KC, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatous</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Prostate</u>				<u>3 years</u>			
		DUE TO (c) <u>Certumline</u>				<u>177 X</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Certumline</u>				<u>10 years</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>11-19</u> , 19 <u>49</u> , to <u>2-1</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>51</u> , and that death occurred at <u>5 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank B. Raitz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1530 Prof Bldg</u>		23c. DATE SIGNED <u>2-1-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-1-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>					

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

Dr. Frank Lacity

1530 Prof. Bldg.

Thurs

RECEIVED

11-1-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed me, or by

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Max W. Furkenda

Licensed Embalmer No. 4632

P. O. Address V.C. 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 4865
Local Registrar's No. 471-51

State of Mo
County of Jackson SS

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of February, 1951, before me appears.....

Mrs Esther Hart who, upon her oath, states that the original record of birth death
for David C Oberling died 2-1-1951, 19....., in the State of
Missouri, and which was filed at K C M, on 2-1-, 1951, should be corrected as follows:

Item No. 8 should read 8-1-~~1878~~ 1872

Instead of 8-1-1873

Item No. 9 should read 78

Instead of 77

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Mrs. Esther Hart Relationship

441 East 62d st
Present Address K C M

Subscribed and sworn to before me this 23rd day of February, 1951

My Commission expires Oct. 21, 1951 Berrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951
S-4865