

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22155

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 817

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | c. LENGTH OF STAY (in this place) 5 Mons. | |
| c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | 0117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Rear 2210 Frederick Ave. | | d. STREET ADDRESS (If rural, give location) Rear 2210 Frederick Ave. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Christopher | b. (Middle) | c. (Last) Oppenlander | 4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951. |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2 | 8. DATE OF BIRTH November 20, 1898 | 9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-------------|------------------------|--|---------------------------------------|------------------------------------|------------------------|----------------------|-----------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator | 10b. KIND OF BUSINESS OR INDUSTRY News paper | 11. BIRTHPLACE (State or foreign country) Clay Center, Kansas. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William Oppenlander | 13b. MOTHER'S MAIDEN NAME Effie Walker | 14. NAME OF HUSBAND OR WIFE Unknown (remarried.) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes World Wars #1&2. | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME Elmer Oppenlander | ADDRESS St. Joseph, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 1 day |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sun shot wound in head | | |
| | ANTECEDENT CAUSES DUE TO (b) Right temple DUE TO (c) Man shot himself in the head with a 22 Caliber rifle, while alone in a trailer in the rear of the home, man did not leave a suicide note. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | E976X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION home, man did not leave a suicide note. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo. |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 31-1951 2:30 p.m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 22 Caliber rifle. |
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22. I hereby certify that I examined the deceased from _____ on _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. F. Mundy M.D. Surgeon | 23b. ADDRESS St. Joseph Mo. | 23c. DATE SIGNED 7/31/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3 | 24b. DATE 7/31/1951. | 24c. NAME OF CEMETERY OR CREMATORY Peterson-Niell Funeral Home | 24d. LOCATION (City, town, or county) (State) Clay Center, Kansas. |
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| DATE REC'D BY LOCAL REG. Aug 3, 1951 | REGISTRAR'S SIGNATURE Carl C. Cash | 5. FUNERAL DIRECTOR'S SIGNATURE Peter Fleuhoff | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1957

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 B. Harrison*

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.