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FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42131

State File No. \_\_\_\_\_  
Registrar's No. 99

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL FREEDOM 0540</u>	d. STREET ADDRESS (If rural, give location) <u>3 MI EAST CONCORDIA, MO</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 MI EAST OF 13 HWAY ON 40</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>OHRENBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 21 1951</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>OCT 25, 1937</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>	11. BIRTHPLACE (State or foreign country) <u>JOHNSON COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William H. Ohrenberg</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA WILGINS</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LESTER WILGINS</u>	ADDRESS <u>HILGINSVILLE, MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery skull</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Died at scene/motor car collision</u>		
	DUE TO (c) <u>E 8161</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>26</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No. operator</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SURFACE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>National Highway box 2</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hilginsville Lafayette MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 21 51</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Passenger in motor car that collided with truck</u>

22. I hereby certify that I attended the deceased from after death 1951, to 12-21, 1951, that I last saw the deceased alive on 19, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Martin M. Pearson</u>	23b. ADDRESS <u>O. d. usa. Mo.</u>	23c. DATE SIGNED <u>12-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross</u>	24d. LOCATION (City, town, or county), (State) <u>EMMA MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec 26-1951</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Jones</u>	ADDRESS <u>Concordia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED JAN 2 1952

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed JAN 2 1952

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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

E. S. James

Licensed Embalmer No. 2058

P. O. Address Comedia, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.