

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39560**

FILED DEC 8 1952

BIRTH NO. _____ REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **5816** Registrar's No. **17**

0710

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

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Richland Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Richland Twp	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) Florence, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Florence, Mo.		d. STREET ADDRESS (If rural, give location) Florence, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Conrad b. (Middle) Frederick c. (Last) Oehrke			4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 8, 1879	9. AGE (In years last birthday) 73	10. 7 Months 20 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Pymont, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME August Oehrke		13b. MOTHER'S MAIDEN NAME Martha Monsees		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-18-0160		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amos Oehrke Syracuse, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		b. Hypertension			c. Unknown
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Rural Richland Twp, Morgan, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Eric A. Dauter (Degree or title) Coroner		23b. ADDRESS Versailles, Mo.		23c. DATE SIGNED Nov. 28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 30, 1952		24c. NAME OF CEMETERY OR CREMATORY Florence Cemetery	
24d. LOCATION (City, town, or county) (State) Florence, MO.		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Steverson		ADDRESS Stover, Mo.	

STATEMENT BY LICENSED EMBALMER

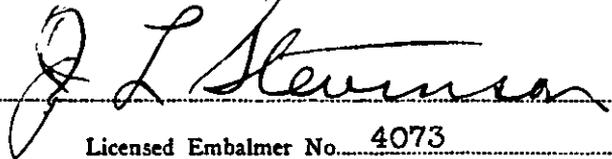
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4073

P. O. Address Stover, 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.