. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1952

State File No. 39637

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 4389 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY OSAGE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LINN
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LINN MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY OSAGE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) LINN 0763
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lee b. (Middle) Charles c. (Last) Oberkrom

4. DATE OF DEATH (Month) (Day) (Year) NOv. 28-1952

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1

8. DATE OF BIRTH June 10 1900

9. AGE (In years last birthday) 52 | IF UNDER 1 YEAR Months 5 Days 20 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Welcome, Mo. U

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Henry Oberkron

13b. MOTHER'S MAIDEN NAME Nellie Vuilcott

14. NAME OF HUSBAND OR WIFE Leona Pinet Oberkron

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 499-05-3082

17. INFORMANT'S SIGNATURE OR NAME Mrs. Leona Oberkron. **ADDRESS** Linn, 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) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hodgkins Disease — 12 years
DUE TO (c) Paraplegia — 90 days

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 261 X

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* Aug 30, 1952, *to* Nov 27, 1952, *that I last saw the deceased alive on* Nov 27, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Norman W. Baldwin (Degree or title) D.O.

23b. ADDRESS Linn

23c. DATE SIGNED 12/1/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec 2, 1952

24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetary

24d. LOCATION (City, town, or county) (State) Linn, Mo. R F D

DATE REC'D BY LOCAL REG. Dec. 6-1952

REGISTRAR'S SIGNATURE Ta Dubrouille 285-0

25. FUNERAL DIRECTOR'S SIGNATURE Morton Service. **ADDRESS** Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1953

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 Vernon Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.