No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17782

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Grundy 0402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
c. LENGTH OF STAY (In this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 510 W 12th.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Grundy 0402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Trenton
d. STREET ADDRESS (If rural, give location): 510 W 12th.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): –
c. (Last): Oberg

4. DATE OF DEATH (Month) (Day) (Year): APR 13 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 10. 1868
9. AGE (In years last birthday): 84 — If under 1 year: Months 4, Days 3 — If under 24 hrs.: Hours –, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Vermland Sweden
12. CITIZEN OF WHAT COUNTRY?: Yes
13a. FATHER'S NAME: Jacob Oberg
13b. MOTHER'S MAIDEN NAME: Christina Oberg
14. NAME OF HUSBAND OR WIFE: Martha Oberg
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.: None
17. INFORMANT'S SIGNATURE OR NAME: X Martha J. Oberg — ADDRESS: Trenton 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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-6 to 4-13-53

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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: 331 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* 4-6 –, 1953, *to* 4-13 –, 1953, *that I last saw the deceased alive on* 4-12 –, 1953, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C H Cullers (Degree or title): M.D.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: 4-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-15-53
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): Trenton, Mo.

DATE REC'D BY LOCAL REG.: 4-15-53
REGISTRAR'S SIGNATURE: Irene Fair
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Dave - Blackmon Trenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.H. Cullers.

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 Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.