

No. 30  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

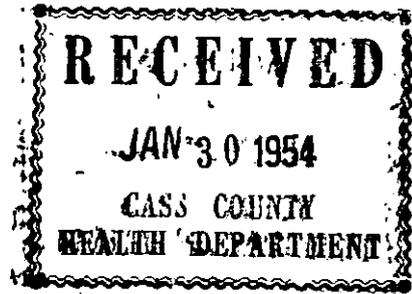
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PRIMARY REG. DIST. NO. 5228 Registrar's No. 10

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 5228		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Charant Hill</b> )		c. LENGTH OF STAY (In this place) <b>5 minutes</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Holden</b>		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute to Hosp. by Amb.</b>				d. STREET ADDRESS (If rural, give location) <b>Howard Hotel</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Kenneth</b>			b. (Middle) _____		c. (Last) <b>Oberlink</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 17, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>Feb. 28, 1920</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>bus driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>transportation</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Vandalia, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harry Oberlink</b>			13b. MOTHER'S MAIDEN NAME <b>Ollie Carson</b>		14. NAME OF HUSBAND OR WIFE <b>single</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>354-01-4883</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mark Miller Vandalia, Ill.</b>			
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) <b>Coronary Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
		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 _____				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) <b>Holden Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 <b>1/17/54</b> , 19____, and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Walter Pawlinski M.D.</b>				23b. ADDRESS <b>Holden Mo</b>		23c. DATE SIGNED <b>1/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 18, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cem</b>		24d. LOCATION (City, town, or county) (State) <b>Vandalia, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>Jan 23, 1954</b>		REGISTRAR'S SIGNATURE <b>Dora Barward</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>EB Cast, Holden, Mo</b>			

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



JAN 30 1954  
CASS COUNTY HEALTH DEPARTMENT

**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 EBCat

Licensed Embalmer No. 4059

P. O. Address Hollis, 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.