

No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30243

State File No.

FILED OCT 1 1954

BIRTH NO. 77201-54 REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Boeuf</u>		c. LENGTH OF STAY (In this place) <u>-</u>	c. CITY OR TOWN <u>Rural-Boeuf</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fork Creek -</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>9Miles SE of Berger, Mo</u>		<u>0360</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GARY</u> b. (Middle) <u>LEE</u> c. (Last) <u>OBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-5-1953</u>	9. AGE (In years Last birthday) <u>10</u> IF UNDER 1 YEAR Months <u>15</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Mo. Hosp</u>
12. CITIZEN OF WHAT COUNTRY? <u>US</u>				

13a. FATHER'S NAME <u>Archie Oberg</u>		13b. MOTHER'S MAIDEN NAME <u>Marian Niedengerke</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>underage</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Archie Oberg, New Haven, Mo RFD</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental drowning</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>as child was swept</u>		E9298	
		DUE TO (c) <u>down stream during</u>		42	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Thunderstorm as creek</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>raised in rolls after storm</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Berger Boeuf Franklin Mo. 36</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>9-20-1954 3:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Conner L. Ottmann</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Leasle Mo.</u>		23c. DATE SIGNED <u>Sept 26, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James B&R Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Stonyhill, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>9/27/54</u>		REGISTRAR'S SIGNATURE <u>Hettie Murphy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James Blumer Berger, Mo.</u>	
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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 Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Not Embalmed

Signed

Licensed Embalmer No.

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.