

STANDARD CERTIFICATE OF DEATH

State File No. 40142

FILED DEC 28 1955

REG. DIST. NO. 116PRIMARY REG. DIST. NO. 3020 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Frankline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY OR TOWN <u>Warrenton</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>215 South 47th.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>A.</u> c. (Last) <u>Oberlag</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 24, 1872</u> 9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, Mo.</u> 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frederick Oberlag</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Wafe</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Schroer Oberlag</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Louis Oberlag, Warrenton, Mo.</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>Pneumonia Bronchial</u> ANTECEDENT CAUSES <u>Pneumonia above mentioned</u> DUE TO (b) <u>14/60.</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS <u>myocardial infarction 4200.</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Surgical intervention</u>	
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)			
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 <u>Aug</u> , 19 <u>51</u> , to <u>Dec</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec 21, 1955</u> , and that death occurred at <u>7 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald Oberlag M.D.</u>		23b. ADDRESS <u>Warrenton Mo</u>	
23c. DATE SIGNED <u>12-22-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/23/55</u>		REGISTRAR'S SIGNATURE <u>F. W. Nieburg</u> 99-0	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. W. Nieburg & Co., Warrenton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Signed *John Thiburg*.....

Licensed Embalmer No. *389*

P. O. Address *Warrenton*

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.