

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009347
STATE FILE NUMBER

Health,
Welfare
Public
Service

100
-57

FILED APR 7 1958 Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 6-1958

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Cuba</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>Rev. Zeigler's Res. 3 Wks</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Rte 3</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lydia</u> Middle <u>Christine</u> Last <u>Oberkrom</u>			4. DATE OF DEATH Month <u>April</u> Day <u>1</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 6, 1874</u>
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Freedom, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Herman Niewald</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Krieger</u>		14. NAME OF HUSBAND OR WIFE <u>Herman Oberkrom</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>*****</u>	
17. INFORMANT <u>Emil Oberkrom, Rte 3, Cuba, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>auricular fibrillation</u> DUE TO (b) <u>congestive heart failure</u> DUE TO (c) <u>arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>lobar pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>1 wk</u> <u>years</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2</u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Bourbon, Missouri</u>	
21. I attended the deceased from <u>16 July 57</u> to <u>1 April 58</u> and last saw her/him alive on <u>April 1, 1958</u> Death occurred at <u>P. 00</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Ronald Van Arsdell M. D.</u>	
22b. ADDRESS <u>Bourbon, Missouri</u>		22c. DATE SIGNED <u>4/3/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/3/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cuba, Missouri</u>
24. FUNERAL DIRECTOR <u>Paul A. Shanklin, Cuba, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>4/3/58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

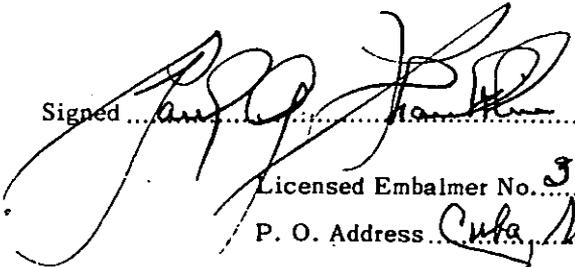
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 3472

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