

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043741

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5442 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHLAND TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>0370</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2mi. E. of Pershing</u>		Length of stay in 1b <u>2 years</u>	d. STREET ADDRESS (If outside, give location) <u>2mi. E. of Pershing</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>OSCAR WILLIAM OBERKROM</u>			4. DATE OF DEATH Month Day Year <u>Dec 6 1958</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 14-1889</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MACHINERY</u>	11. BIRTHPLACE (City and state or country) <u>MORRISON Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>AUGUST OBERKROM</u>	13b. MOTHER'S MAIDEN NAME <u>MARY LEFFMANN</u>	14. NAME OF HUSBAND OR WIFE <u>LOUISE OBERKROM</u>
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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>333-03-6096</u>	17. INFORMANT <u>Mrs Louise Oberkrom, MORRISON Mo</u> Address <u>RFD</u>
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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>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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>4201</u>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE
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21. I attended the deceased from <u>8-14-58</u> to <u>12-6-58</u> and last saw ^{her} him alive on <u>10-7-58</u> Death occurred at <u>8:30 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Carol T. Shaw, MD</u> (Degree or title)	22b. ADDRESS <u>Hermann, Mo</u>	22c. DATE SIGNED <u>12-8-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/10/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>MORRISON Mo</u>
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24. FUNERAL DIRECTOR <u>Hugo H. Blumer</u> ADDRESS <u>Hermann Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-9-58</u>	26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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DEC 29 1958

DEC 19 1958

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 *Hugo St. Louis*

Licensed Embalmer No. *3160*

P. O. Address *Hermann, 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.