

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000687  
State File No. ....

FILED FEB 4 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residency before admission). b. STATE <u>Mo.</u> d. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>	c. CITY OR TOWN <u>Vienna, Mo.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Jackson Twp.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Oppermann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1959.</u>
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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>June 16, 1890.</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>7</u> IF UNDER 30 HRS. Days <u>13</u> Hours <u></u> Min. <u></u>
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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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Maries County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Oppermann</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Bassett</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Oppermann</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leroy Oppermann, Vienna, Mo.</u>	ADDRESS <u>Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>610X</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hyperplasia</u>		

19a. DATE OF OPERATION <u>1-23-59</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hyperplasia</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan 29, 1959, to Jan 29, 1959 that I last saw the deceased alive on Jan 29, 1959 and that death occurred at 7:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Taylor M.D.</u> (Degree or title)	23b. ADDRESS <u>Jefferson City, Mo.</u>	23c. DATE SIGNED <u>2-20-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/1/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vienna Cemetery</u>	24d. LOCATION (City, town, or county) <u>Vienna, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>31 Jan 1959</u>	REGISTRAR'S SIGNATURE <u>R.P. Norris, Md.-Md.</u>	2. SPECIAL DIRECTOR'S SIGNATURE <u>M.C. Cunningham</u>	ADDRESS <u>Vienna, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

686 03 834 SA  
FEB 20 1959

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 *H. C. Birmingham*.....

Licensed Embalmer No. *3664*.....

P. O. Address *Pienna*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.