

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024564

FILED VS AUG 3 1959

Registration District No. 177 Primary Registration District No. 3016 Registrar's No. 208

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Cole		b. CITY (If outside corporate limits, give TOWNSHIP only) OR Jefferson City		a. STATE Missouri		b. COUNTY Osage	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in 1b 8 days		c. CITY OR TOWN Chamois		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS None		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First NELLIE		Middle JANE		Last OBBERKROM		Month JULY	
Day 27		Year 1959					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3 Sept 1878	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Osage County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Louis L. Vuilcott			13b. MOTHER'S MAIDEN NAME Sarah A. Campbell			14. NAME OF HUSBAND OR WIFE Henry H. Oberkrom	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		17. INFORMANT Oscar Oberkrom		Address Chamois, Mo. RD
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) The Congestive heart failure							
DUE TO (b) Compression Fracture T-5							
DUE TO (c) vertebra - paraplegia							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell down steps at friends home					
20c. TIME OF INJURY 2:45 p.m.		Hour 7/27/59		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		20f. CITY, TOWN, OR LOCATION Chamois		COUNTY Osage	
STATE Mo.		21. I attended the deceased from 7/19/59 to 7/27/59 and last saw her live on 7/27/59					
Death occurred at 2:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Fred J. Tustin, M.D.				22b. ADDRESS 213 Jackson, Jefferson City, Mo.		22c. DATE SIGNED 27 July 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 30 July 1959		23c. NAME OF CEMETERY OR CREMATORY Oklahoma Church of Christ		23d. LOCATION (City, town, or county) Osage County, Mo.	
24. FUNERAL DIRECTOR Clyde Morton			ADDRESS Linn, Mo.		25. DATE RECD. BY LOCAL REG. 27 July 1959		26. REGISTRAR'S SIGNATURE R.P. Dorris, MD-MR.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Vernon M. Moston

Licensed Embalmer No. 4125

P. O. Address Levin 74

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