

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-011644**

FILED VS APR 6 1960

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Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_ STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Wellington</b>	Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Wellington</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 blks. S on Hy. 241 1 blk. East of 131</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2 blocks S. of Hy. 241 1 block East of 131</b>

3. NAME OF DECEASED (Type or print) First <b>Oscar</b> Middle <b>Fred</b> Last <b>Oberhelman</b>			4. DATE OF DEATH Month <b>March</b> Day <b>16</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/14/1888</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Lafayette Co., Missouri U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Oberhelman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Fuhr</b>		14. NAME OF HUSBAND OR WIFE <b>Amanda Rodenberg</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Amanda Oberhelman, Wellington, Mo.</b>			

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) <b>Massive Cerebral Hemorrhage</b>		<b>3 Hrs.</b>
DUE TO (b) <b>Cerebral Trauma</b>		<b>3 Hrs.</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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>Man fell on ice struck head on cement step</b>
20c. TIME OF DEATH Hour <b>8:00</b> a.m. p.m. Month, Day, Year <b>3-16-60</b>		
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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Wellington Lafayette Missouri</b>
21. I attended the deceased from <b>1-2-48</b> and last saw him alive on <b>3-16-60</b> Death occurred at <b>11:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>Amanda Oberhelman</i>	22b. ADDRESS <b>Wellington, Mo.</b>	22c. DATE SIGNED <b>3-28-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>March 19, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Lukes's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Wellington, Missouri</b>
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24. FUNERAL DIRECTOR <b>J. C. Sheppard</b>	ADDRESS <b>Wellington, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>4/5/60</b>	26. REGISTRAR'S SIGNATURE <i>Emma Davidson</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 3 1961

**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 J. Clair Hayward

Licensed Embalmer No. 4179

P. O. Address Wellington, N.C.

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.