

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27577**

FILED SEP 15 1952

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5334		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural lockwood twp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural lockwood twp		1290	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ami. n. lockwood Mo				d. STREET ADDRESS (If rural, give location) 4mi. n. lockwood Mo.			
3. NAME OF DECEASED (Type or Print) Christine		a. (First)		b. (Middle) Wilhelmine		c. (Last) Obert	
4. DATE OF DEATH sept. 3 1952		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH mar. 2, 1860		9. AGE (in years last birthday) 92	
5. SEX F		6. COLOR OR RACE W		10. KIND OF BUSINESS OR INDUSTRY house wife		11. BIRTHPLACE (City and State or Foreign Country) Prussia Germany 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Aicka Schilling		13b. MOTHER'S MAIDEN NAME Christine Schilling		14. NAME OF HUSBAND OR WIFE william Obert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Otto Obert ADDRESS Lockwood Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 5 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		H 93 X	
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)			
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			
22. I hereby certify that I attended the deceased from July 27th , 19 52 , to 9-3- , 19 52 , that I last saw the deceased alive on Sept. 2nd , 19 52 , and that death occurred at 1:30p m., from the causes and on the date stated above.							
23a. SIGNATURE Max Heilbrunn M.D. (Degree or title)				23b. ADDRESS Lockwood, Mo		23c. DATE SIGNED 9-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 71		24b. DATE 9-6-52		24c. NAME OF CEMETERY OR CREMATORY Lutheran		24d. LOCATION (City, town, or county) (State) Lockwood Mo.	
DATE REC'D BY LOCAL REG. 9-6-52		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE W.R. Allison ADDRESS Greenfield Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

290

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
Student Embalmer

Signed *W. R. Allison*

Licensed Embalmer No. *4404*

P. O. Address *Greenfield 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 this body is not embalmed, fact should be so stated above.