

FILED JAN 5 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41514**

BIRTH NO.		REG. DIST. NO. <b>160</b>	PRIMARY REG. DIST. NO. <b>559V</b>	Registrar's No. <b>108</b>
1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Joachim</b>		c. LENGTH OF STAY (in this place) <b>4 Months</b>	c. CITY / OR TOWN <b>Festus</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mtn. View Conv. Home</b>		e. STREET ADDRESS (If rural, give location) <b>203 Frisco St.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Raymond</b> c. (Last) <b>Oberle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 23 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 8, 1882</b>	9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant (Retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrenceton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Andrew Oberle</b>		13b. MOTHER'S MAIDEN NAME <b>Charlotte Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Staab</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 <b>494-07-8142</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Joseph Oberle Festus, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (Min.)	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 <b>Jan 5</b> , 19 <b>46</b> to <b>Dec. 23</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>Dec. 23</b> , 19 <b>54</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Dr. Estelita Delgado, M.D.</b>		23b. ADDRESS <b>Festus, Mo.</b>	23c. DATE SIGNED <b>12/24/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 27, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Festus Catholic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Festus, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-24-54</b>	REGISTRAR'S SIGNATURE <b>James G. ...</b>	502	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. Wingard Festus, Mo.</b>	

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 28 1954

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 Ruth B. Vinyard....., Student Embalmer No. 472

working under my personal supervision..

Student Ruth B. Vinyard  
Signature of Student Embalmer

Signed Donald H. Vinyard

Licensed Embalmer No. 46

P. O. Address Hester

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.