

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **755**

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) Washington	c. LENGTH OF STAY (in this place) 1 week	c. CITY OR TOWN Rural	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 St. Francis Hospital		e. STREET ADDRESS (If rural, give location) 1 mile East Holstein, Mo. 1090	

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) _____ c. (Last) Oberhellmann			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1955	
---	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Sept. 12, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Grain Farm		11. BIRTHPLACE (City and State or Foreign Country) Holstein, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
---	--	---	--	--	--	--	--

13a. FATHER'S NAME Henry Oberhellmann		13b. MOTHER'S MAIDEN NAME Sophie Bierbaum		14. NAME OF HUSBAND OR WIFE None	
--	--	--	--	---	--

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. None		17. INFORMANT'S SIGNATURE OR NAME Clarence Oberhellmann, Warrenton, Mo.		ADDRESS _____	
--	--	-------------------------------------	--	--	--	---------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Myocarditis		DUPLICATE		6 yrs	
		ANTECEDENT CAUSES		DUE TO (b) General arteriosclerosis & atherosclerosis			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Malnutrition due to		4200	
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Ulcers of large bowel.		3 days	

19a. DATE OF OPERATION 1-4-55	19b. MAJOR FINDINGS OF OPERATION Ulcers of Transverse & descending Colon	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
---	---	----------------------------------

22. I hereby certify that I attended the deceased from **6-5, 1949**, to **1-8, 1955**, that I last saw the deceased alive on **1-8, 1955**, and that death occurred at **4:15** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Rollins, M.D.		23b. ADDRESS W. Amity Mo.		23c. DATE SIGNED 1-9-55	
---	--	----------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/10/55	24c. NAME OF CEMETERY OR CREMATORY Immanuel's Cemetery	24d. LOCATION (City, town, or county) (State) Holstein, Missouri
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 1/10/55	REGISTRAR'S SIGNATURE F. L. Hedmann	99-0	25. FUNERAL DIRECTOR'S SIGNATURE A. T. Lichtenberg	ADDRESS Marthasville, Mo.
---	--	------	---	----------------------------------

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

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.....

Licensed Embalmer No. 4318

P. O. Address Marthasville,

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.