

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20119

State File No.

FILED JUL 9 1956

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Owensville</u>		c. CITY OR TOWN <u>Owensville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>33 yrs.</u>		f. STREET ADDRESS (If rural, give location) <u>411 S. 4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>411 S. 4th St.</u>		0370	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Julius</u>	b. (Middle) _____	c. (Last) <u>Oberkrom</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>June 30, 1956</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 27, 1887</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Welcome, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Oberkrom</u>	13b. MOTHER'S MAIDEN NAME <u>Christina Krueger</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Florentine Oberkrom</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>489-16-2317</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. Oberkrom</u>	ADDRESS <u>Owensville, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarct</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u> <u>yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart disease</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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 Feb., 1949, to June 30, 1956, that I last saw the deceased alive on June 30, 1956 and that death occurred at 3:30a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. M. Keller</u>	23b. ADDRESS <u>M.D. Owensville, Mo.</u>	23c. DATE SIGNED <u>7-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-2-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 2, 1956</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael H. H. White</u>	ADDRESS <u>Owensville</u>
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(Licensed Embalmers' Statement of Reverse Side)

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 *Melford H. Winter*.....

Licensed Embalmer No. *38*.....

P. O. Address *OWENSVILLE*.....

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.