

Health,
& Welfare
Public
Service

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031550
STATE FILE NUMBER

FILED SEP 10 1958 Registration District No. 362 Primary Registration District No. 6237 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hickory-Grove Twp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Wright City <u>1090</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>18 mo</u>			
3. NAME OF DECEASED (Type or print) First Middle Last Fred Herman Oberlag			4. DATE OF DEATH Month Day Year Aug 22 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 27 1891
9. AGE (In years last birthday) 67		9. AGE (In years) IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Warren CO Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Fritz Oberlag		13b. MOTHER'S MAIDEN NAME Marie Wafel	14. NAME OF HUSBAND OR WIFE Mamie Oberlag
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 493-10-9170	17. INFORMANT Address Herbert Oberlag Berea Ohio
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide gas Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Self inflicted by attaching hose to exhaust of car. DUE TO (c) hose to Exhaust of car.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self-inflicted - attaching hose to exhaust and leading in to car	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.) Home garage		20f. CITY, TOWN, OR LOCATION COUNTY STATE Wright City Warren Mo	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at About 7 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F. H. Krigger, D.C. - Coroner		22b. ADDRESS Warrington Mo Aug 22	
22c. DATE SIGNED Aug 22			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/24/58	
23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		23d. LOCATION (City, town, or county) (State) Wright City MO	
24. FUNERAL DIRECTOR Nieburg Furn & Und CO		25. DATE RECD. BY LOCAL REG. August 24 1958	
ADDRESS Wright City		26. REGISTRAR'S SIGNATURE Floyd Logan	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Julius J. Nieburg*

Licensed Embalmer No. *3306*

P. O. Address *Wright City*

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.