

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005092

STATE FILE NUMBER

FILED MAR 10 1959 Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 12

300
1-57

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bay		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bay
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 56 yrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last HENRY FRED OBERG			4. DATE OF DEATH Month Day Year Feb. 28, 1959		
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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 Aug. 31, 1875	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours Min.	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) retired merchant	10b. KIND OF BUSINESS OR INDUSTRY Store	11. BIRTHPLACE (City and state or country) Stony Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Oberg	13b. MOTHER'S MAIDEN NAME Carolina Fisher	14. NAME OF HUSBAND OR WIFE Sophia Ingelbrecht Oberg
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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. 492-01-3952	17. INFORMANT Mrs. Armin Witte	Address Bay, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous of abdomen</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterial Sclerotic Heart Dis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1992.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>5-18-57</u> to <u>2-28-59</u> and last saw him alive on <u>2-27-59</u> Death occurred at <u>1:25</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Charles Oberg</u> (Degree or title)	22b. ADDRESS <u>Gerald</u>	22c. DATE SIGNED <u>2-28-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3-2-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion L. R. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bay, Mo.</u>
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24. FUNERAL DIRECTOR <u>Welford W. H. White</u>	ADDRESS <u>OWENSVILLE</u>	25. DATE RECD. BY LOCAL REG. <u>3-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Delma Uffelman</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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