# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1960

60-019189
STATE FILE NUMBER

Registration District No. 139 Primary Registration District No. 4225 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Oregon
Length of stay in 1b: 25 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Holt
c. CITY OR TOWN: Oregon RURAL Nodaway Township
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ERNEST Middle: HENRY Last: OPPENLANDER
4. DATE OF DEATH: Month: May Day: 19, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/13/72
9. AGE (last birthday): 87
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Farming
11. BIRTHPLACE (City and state or country): Wortenberg, Germany
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Oppenlander
13b. MOTHER'S MAIDEN NAME: Louise Unknown
14. NAME OF HUSBAND OR WIFE: Lillie S. Oppenlander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-44-2132
17. INFORMANT: Address: Mrs. Ernest Oppenlander, Oregon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL HEMORRHAGE. — INTERVAL BETWEEN ONSET AND DEATH: 12 WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from APR 30, to MAY 19 and last saw her/him alive on MAY 19
Death occurred at 8:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. E. Collins A.B., D.O.
22b. ADDRESS: Oregon, Missouri
22c. DATE SIGNED: 5/21/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/22/60
23c. NAME OF CEMETERY OR CREMATORY: Oregon Cemetery
23d. LOCATION (City, town, or county) (State): Oregon, Missouri

24. FUNERAL DIRECTOR: James H. Pettijohn ADDRESS: Oregon, Mo.
25. DATE RECD. BY LOCAL REG.: 5-28-1960
26. REGISTRAR'S SIGNATURE: James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER** JUN 3 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James K Pettijohn

Signature of Student Embalmer

Licensed Embalmer No. 3192

P. O. Address Oregon M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.