No. 300
10.48

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

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16730

BIRTH NO. 29557-49 REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 3047 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Neosho, Missouri
c. LENGTH OF STAY (In this place): ( )
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sale Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stilwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Larry b. (Middle) Bennett c. (Last) Osborn

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1949

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: May 24, 1949
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1; IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neosho, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Doyle Osborn
13b. MOTHER'S MAIDEN NAME: Maxine Bennett
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: J. D. Osborn ADDRESS: Stilwell, Oklahoma

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

776X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, *19* 49, *to* May 25, *1949*, *that I last saw the deceased alive on* May 25, *1949*, *and that death occurred at* 9:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L L Taylor (Degree or title) M.D.
23b. ADDRESS: Neosho Mo.
23c. DATE SIGNED: 6-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-26-49
24c. NAME OF CEMETERY OR CREMATORY: Stilwell
24d. LOCATION (City, town, or county) (State): Stilwell, Oklahoma

DATE REC'D BY LOCAL REG.: June 1, 1949
REGISTRAR'S SIGNATURE (Signature): Melvin C. Bowman 223
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. Darrell Roberts, Stilwell, Okla.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton Co. Health
District File Number 649-99
Received JUN 6 1949
Date Filed

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.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.