

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24315

State File No. \_\_\_\_\_

BIRTH NO. 43659-49 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SEDALIA</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>BOTHWELL MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1718 W 18th</b>	

3. NAME OF DECEASED (Type or Print) <b>BABY OSBOURN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 9 1949</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>July 9 1949</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>SEDALIA? MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Ellis D. Osbourn</b>	13b. MOTHER'S MAIDEN NAME <b>Onavaa L. Downing</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ellis D Osbourn, 1718 W 18th Sedalia, Mo</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr 40 min</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Prematurity + immaturity</b>		
DUE TO (c) <b>Premature onset of labor at 39 wks due to spontaneous, partial, premature placental separation</b>			<b>7 hr 55 min</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>9 7/8 X</b>

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)
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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?
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22. I hereby certify that I attended the deceased from 7-9-1949, to 7-9-1949, that I last saw the deceased alive on 7-9-1949, and that death occurred at 11:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J M Rodeman M.D.</b>	(Degree or title)	23b. ADDRESS <b>219 1/2 S. Ohio - Sedalia, Mo</b>	23c. DATE SIGNED <b>7-10-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Manila, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-10-49</b>	REGISTRAR'S SIGNATURE <b>Betty Yeager</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>251 W. W. Keckart</b>	ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 18

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 7-19-49

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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 .....  
Student Embalmer

Signed Frank S Coffman Jr

Licensed Embalmer No. 4559

P. O. Address Sedalia, Mo

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.