

FILED OCT 24 1949 STANDARD CERTIFICATE OF DEATH

33138

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1117

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Washington) c. LENGTH OF STAY (In this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. # 6, St. Joseph		d. STREET ADDRESS (If rural, give location) R.F.D. # 6, St. Joseph	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) C. c. (Last) OSBORNE		4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-11-1866
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Cherokee Co., Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Adam Osborne		13b. MOTHER'S MAIDEN NAME Sarah Miller		14. NAME OF HUSBAND OR WIFE Lucy Osborne	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lettie Peck, St. Joseph, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis		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) Arterio sclerotic cardio-vascular renal disease			
DUE TO (c) Cerebral thrombosis - 3 small		Deniality		142X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9-12, 1949, to 10-17, 1949, that I last saw the deceased alive on 10-17, 1949, and that death occurred at 9:28P m., from the causes and on the date stated above.

23a. SIGNATURE C. B. Grant M.D. (Degree or title)		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 10.18.49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-20-1949		24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery		24d. LOCATION (City, town, or county) (State) Rushville, Mo.	
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DATE REC'D BY LOCAL REG. Oct. 21, 1949		REGISTRAR'S SIGNATURE E. G. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Peck, St. Joseph, Mo.	
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(Licensed Embalmer) (Statement on Reverse Side)

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

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 _____

Alvin C. Bagan

Student Embalmer No. *342*

working under my personal supervision.

Student *Alvin C. Bagan*
Student Embalmer

Signed *John E. Rupp*
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.