

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

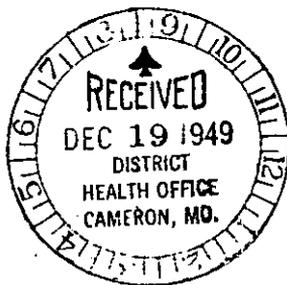
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State File No.

308
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5451</u>		Registrar's No. <u>72</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alanthus</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alanthus</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Osa</u>		b. (Middle) <u>Arlie</u>		c. (Last) <u>Osborn</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 13 1900</u>	
9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Thomas McGinley</u>		13b. MOTHER'S MAIDEN NAME <u>Salina Waltrip</u>		14. NAME OF HUSBAND OR WIFE <u>Gartha Osborn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gartha Osborn Stanberry, Mo. R.</u>			
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Hypertension</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>3 yr.</u> <u>4200</u>	
19a. DATE OF OPERATION		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) (Min)		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 <u>Jan 10</u> , 19 <u>42</u> ; to <u>11-5</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-5</u> , 19 <u>49</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson DO</u>				23b. ADDRESS <u>Gentry Mo</u>		23c. DATE SIGNED <u>12-12-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenrigge</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 16 - 1949</u>		REGISTRAR'S SIGNATURE <u>Miss Edith Childers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Burke</u>		ADDRESS <u>Albany Mo</u>	



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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Clifford Brooks
Licensed Embalmer No. 3329

P. O. Address Albany, 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.