

FILED JAN 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. **41590**

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 283

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt Vernon</u>	
c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Home 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Sylvester</u> c. (Last) <u>Osfall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 15-1864</u>		9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>Steuben Co. Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Groceries</u>	

13a. FATHER'S NAME <u>Charles Osfall</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Kellar</u>		14. NAME OF HUSBAND OR WIFE <u>Vera B. Osfall</u>	
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 <u>Vera B. Osfall</u> ADDRESS <u>Mt Vernon, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pneumonia</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>3 mos</u> <u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>11 mos</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Aug 2, 1949, to Nov 4, 1949, that I last saw the deceased alive on Nov 4, 1949, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. A. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Mt Vernon Mo</u>		23c. DATE SIGNED <u>11-6-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 6-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brick Church Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>		411		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Forest</u> ADDRESS <u>Mt Vernon, Mo</u>	
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RECEIVED JAN 11 1950
District Health Office No. 6,
District File Number 150-54
Date Filed 1-11-50

JAN 7 1950

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 Max L. Forrest

Licensed Embalmer No. 4252

P. O. Address Intervenor, 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.