

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16516

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5452</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ruralway 160</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton</u>		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 160 2 miles West Ash Grove</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>OSENBAUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>February 12, 1927</u>	
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 1 YEAR Days <u>17</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen'l Mdse Store</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Curtis Osenbaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Evangeline Workman</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.K. Grisham, Everton, Mo.</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chest and Internal Injuries</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u># 58237</u> <u>32</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ash Grove Greene Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>May 29 50 6 P. m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>One car accident</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive <u>dead</u> on <u>5/29/50</u> , 19____, and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> , Coroner <u>5</u>				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>6/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/5/50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Brim's Funeral Service, Ash Grove, Mo.</u>	

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

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RECEIVED

Greene County Health Office,

County File Number 50-6-31

Date Filed 6-7-50

JUN 9 1950

JS FEB 3 1989

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 Herren D. Dobbelt

Licensed Embalmer No. 4095

P. O. Address Park Grove 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.