

10.300  
10.48

James A. Osburn  
FILED JUN 29 1950

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21123

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5904 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Demiseat</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demiseat</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canthessville</u>		c. LENGTH OF STAY (In this place) <u>12 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canthessville</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION.			d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> b. (Middle) <u>Mason</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>6-9-50</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>abt. 73</u>	9. AGE (In years less birthday) <u>abt. 73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) <u>Memphis Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Tom Mason</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME <u>Ada Mason - Eville Mo Rt 1</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown, this person died without medical attention</u>			INTERVAL BETWEEN ONSET AND DEATH  <u>7955</u>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>_____</u>	(COUNTY) <u>_____</u>	(STATE) <u>_____</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>_____</u>			
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James A. Osburn</u>		(Degree or title) <u>Baroner</u>	23b. ADDRESS <u>Wardell, Mo.</u>	23c. DATE SIGNED <u>6-9-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-11-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>H.S. Smith Cem Canthessville Mo</u>	24d. LOCATION (City, town, or county) (State) <u>_____</u>		
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DATE REC'D BY LOCAL REG. <u>June 27, 1950</u>	REGISTRAR'S SIGNATURE <u>Truman B. Webb</u>	247	25. FUNERAL DIRECTOR'S SIGNATURE <u>Person, next Co Stele Mo</u>	ADDRESS <u>_____</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

180

6-50-173

JUN 28 REC'D  
PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.