

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29263

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4551 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>WRIGHT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>HARTVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>NORWOOD MO. 1140</b>	
c. LENGTH OF STAY (in this place) <b>20 days</b>		d. STREET ADDRESS (If rural, give location) <b>Box 105 City 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HARTVILLE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>OSBERN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 23 1950</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>10/7/1883</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MERCHANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MERCHANT</b>		11. BIRTHPLACE (State or foreign country) <b>PLEASANTVILLE IOWA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>JOHN OSBERN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>LAURA MILLER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Laura Osbern</b>	
ADDRESS <b>Norwood, Mo.</b>					

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

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)		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 20, 1950**, to **Aug 23, 1950**, that I last saw the deceased alive on **Aug 21, 1950**, and that death occurred at **6:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Worley, M.D.</b>		23b. ADDRESS <b>Hartville Mo.</b>		23c. DATE SIGNED <b>8-25-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 26/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Forest</b>		24d. LOCATION (City, town, or county) (State) <b>South of Norwood, Mo.</b>	
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DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>346</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>R.W. Barber</b>		ADDRESS	
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AUG 30 1950

SEP 12 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 R. W. Barber

Licensed Embalmer No. 3848

P. O. Address Mt. Hope, Pa.

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.