S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1950

State File No. 40165

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 90

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

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Beckett Bldg. W 3rd St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron 0251
d. STREET ADDRESS (If rural, give location): Beckett Bldg. West 3rd St

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): ✓
c. (Last): Osborn

4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 50

5. SEX: F. 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 5 1883
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: housework
11. BIRTHPLACE (State or foreign country): De Kalb Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robt. Goucher
13b. MOTHER'S MAIDEN NAME: Sylvia Ann Moore
14. NAME OF HUSBAND OR WIFE: O. B. Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Paul Osborn — ADDRESS: Cameron

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca. of breast. — 1947
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 170X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6, 1947, *to* 12-13, 1950 *that I last saw the deceased alive on* 12-13-50, 19__, *and that death occurred at* 12:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo
23b. ADDRESS: Cameron Mo
23c. DATE SIGNED: 12-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-15-50
24c. NAME OF CEMETERY OR CREMATORY: Muddy cemetery
24d. LOCATION (City, town, or county): Pattonsburg (State): Mo

DATE REC'D BY LOCAL REG.: 12-15-50
REGISTRAR'S SIGNATURE: Winifred W. Moser 340
25. FUNERAL DIRECTOR'S SIGNATURE: Poland Funeral Home — ADDRESS: Cameron

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
18 50
DISTRICT
HEALTH OFFICE
CAMERON, 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 Robert F. Poland

Licensed Embalmer No. 4777 3th St

P. O. Address 222 West 3 Cameron 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.