

10.48

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u>	
c. LENGTH OF STAY (In this place) <u>8 months</u>		d. STREET ADDRESS (If rural, give location) <u>R.F. #1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Halen Nursing Home</u>		e. CITY OR TOWN <u>Centralia</u>	

3. NAME OF DECEASED (Type or Print) <u>EDITH ELIZABETH OSBORNE</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April - 1 - 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July - 29 - 1872</u>	9. AGE (In years last birthday) <u>78</u>	10. MONTHS <u>7</u>	11. DAYS <u>9</u>	12. HOURS <u>9</u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>B. F. Huntsman</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Osborne</u>	18. ADDRESS <u>Centralia Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> <u>Years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration with Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) <u>Infirmities of Old age</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)	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-17-50 to 4-1-51, 19___, that I last saw the deceased alive on 3-23-51, 19___, and that death occurred at 5:55 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. B. Baker, D.O.</u>	23b. ADDRESS <u>Centralia Mo.</u>	23c. DATE SIGNED <u>4-2-51</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify)	24b. DATE <u>April - 3 - 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rabland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 2, 1951</u>	REGISTRAR'S SIGNATURE <u>Maud M. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snodgrass Funeral Home</u>	ADDRESS <u>Waverly Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-10-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-10-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address *Moab, 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.