

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13007

FILED MAY 2 1951

State File No. 13007  
Registrar's No. 98

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH  
a. COUNTY Jasper  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage  
c. LENGTH OF STAY (In this place) 1 day  
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission)  
a. STATE Missouri b. COUNTY Jasper  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage  
d. STREET ADDRESS (If rural, give location) 613 S. McGregor

3. NAME OF DECEASED  
a. (First) Fred b. (Middle) Melvin c. (Last) Osborn  
4. DATE OF DEATH (Month) (Day) (Year) April 24 1951

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Nov. 23, 1873 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 10 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agency  
10b. KIND OF BUSINESS OR INDUSTRY Insurance  
11. BIRTHPLACE (State or foreign country) Dudenville, Missouri  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME E.P. Osborn 13b. MOTHER'S MAIDEN NAME Ellen Hollister 14. NAME OF HUSBAND OR WIFE Georgia Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no  
16. SOCIAL SECURITY NO. \_\_\_\_\_  
17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Osborn ADDRESS Carthage, Mo.

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congestive heart failure  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerotic heart disease  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Broncho pneumonia, terminal. Chronic nephritis  
INTERVAL BETWEEN ONSET AND DEATH  
6 wks - years?  
4-5 days - years?

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) Carthage, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 3/30, 1951, to 4/24, 1951, that I last saw the deceased alive on 4/24, 1951, and that death occurred at 9:30 P m., from the causes and on the date stated above.

23a. SIGNATURE C. F. Schell (Degree or title) M.D. 23b. ADDRESS Carthage, Mo. 23c. DATE SIGNED 4-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-26-1951 24c. NAME OF CEMETERY OR CREMATORY Dudenville Cemetery 24d. LOCATION (City, town, or county) (State) Dudenville, Mo.

DATE REC'D BY LOCAL REG. 4-26-51 REGISTRAR'S SIGNATURE L. B. Hollister, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home ADDRESS Carthage, Mo.

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

5493  
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RECEIVED 5-1-51  
Jasper County Health Office

County File Number 5144355

Date Filed 5-1-51

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_  
*Geo. O. Pugh*

Licensed Embalmer No. 4731

P. O. Address *Cartersville, Ga.*

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.