

FILED OCT 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29630
Registrar's No. 51

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063

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

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>	
c. LENGTH OF STAY (If applicable) <u>28 mo</u>		d. STREET ADDRESS (If rural, give location) <u>Hi Way 36 West in Hamilton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Part of Hamilton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Webster</u> c. (Last) <u>Osborne</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17, 1951</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 14, 1866</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>85 1 3 0</u>			
-----------------------	--	----------------------------------	--	--	--	---	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Crawford Co., Ohio</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
--	--	---	--	--	--	--	--	---	--	--	--

13a. FATHER'S NAME <u>John Osborne</u>			13b. MOTHER'S MAIDEN NAME <u>Eleanor Porter</u>			14. NAME OF HUSBAND OR WIFE <u>Christine Osborne</u>					
---	--	--	--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Victor Osborne, Hamilton, Mo.</u>							
--	--	--	--	---	--	--	--	--	--	--	--

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								INTERVAL BETWEEN ONSET AND DEATH	
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 <u>4341</u>								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) <u>Hamilton Caldwell Mo</u>	
--	--	--	--	--	--

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?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from Aug 30, 1951, to Sept 17, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. R. Elder D.O.</u>		23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>Sept 20 1951</u>	
---	--	------------------------------------	--	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery Hamilton, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton, Mo.</u>	
--	--	--------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <u>Sept 26-51</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brown Funeral Home Hamilton, Mo.</u>	
---	--	--	--	---	--



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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *A. Lester Bran*

Licensed Embalmer No. *4472*

P. O. Address *Hamilton 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.