

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37962

FILED DEC 5 1951

4267 State File No. _____

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

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odesa Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 wks.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Washington</u> <u>0540</u>		d. STREET ADDRESS (If rural, give location) <u>10mi - East of Odesa Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M^cClure Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Susan</u> c. (Last) <u>Ozborn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23 1951</u>				
5. SEX <u>Feon.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 7-1859</u>		9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Marysville Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jesse Kefferson</u>		13b. MOTHER'S MAIDEN NAME <u>Catolyn Kennard</u>		14. NAME OF HUSBAND OR WIFE <u>ELZA Ozborn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis B. Hasenjaeger</u>		ADDRESS <u>Mayview 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Frailty due to age</u> ANTECEDENT CAUSES <u>Inanition</u> DUE TO (b) <u>blindness to cataracts</u> DUE TO (c) <u></u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>May 1951</u> , to <u>Nov 23 1951</u> , that I last saw the deceased alive on <u>Nov 22 1951</u> , and that death occurred <u>Nov 23 1951</u> m. from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Odesa Mo</u>		23c. DATE SIGNED <u>11-24-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-25-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spenton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lafayette Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>11/24/51</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u> <u>459</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Odesa Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 4 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed DEC 4 1951

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 *Horace Oliver*

Signed.....
Student Embalmer

Licensed Embalmer No. *2758*

P. O. Address *Oliver 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.