

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31131

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5310 Registrar's No. 104

270  
1

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lamine</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lamine</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 1/2 Mi. East of Blackwater</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi east of Blackwater, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Finis</u> b. (Middle) <u>Martin</u> c. (Last) <u>Osborn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30 1952</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>Mar. 3 1892</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-General Farm Work-Own Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Moberly, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Osborn</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Osborn</u>	
14. NAME OF HUSBAND OR WIFE <u>Susie Hillen Osborn</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Finis M. Osborn-Blackwater, Mo.</u> ADDRESS _____	
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>myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>asthma</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4222</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) _____	
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>1-2-</u> , 19 <u>51</u> , to <u>9-30-</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Sept</u> , 19 <u>52</u> , and that death occurred at <u>8:30 Am.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>I. C. Beckett, M.D.</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo.</u>	
23c. DATE SIGNED <u>10-1-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	
24b. DATE <u>10/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge park</u>	
24d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sweeney</u> ADDRESS <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/1/52</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>	

JUL 13 1962

MAR 27 1963

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 J. Lealie Swamy

Licensed Embalmer No. 2235

P. O. Address Marshall, 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.