

STANDARD CERTIFICATE OF DEATH

State File No. **5171**

0220

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

FILED MAR 3 - 1953

BIRTH NO.		REG. DIST. NO. 67	PRIMARY REG. DIST. NO. 5265	Registrar's No.
1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian		
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Sparta Twsp.		c. LENGTH OF STAY (In this place) 8 Yrs.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian County		d. STREET ADDRESS (If rural, give location) Christian		
3. NAME OF DECEASED (Type or Print) Leviga		a. (First) Leviga	b. (Middle) T	c. (Last) Osburn
4. DATE OF DEATH Jan. 26, 1953	5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 21, 1863
9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Osburn	13b. MOTHER'S MAIDEN NAME Mary Rogers	14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Farmer, Sparta, Mo.		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) vascular hypertension DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Dec-1- 19 53 , to Jan-26- 19 53 , that I last saw the deceased alive on Jan-16- 19 53 , and that death occurred at 10:05 P.M. from the causes and on the date stated above.				
23a. SIGNATURE Dr. Herbert W. Welsch	(Degree or title)	23b. ADDRESS Sparta, Mo.	23c. DATE SIGNED 2-24-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 28, 1953	24c. NAME OF CEMETERY OR CREMATORY Monger Cemetery	24d. LOCATION (City, town, or county) (State) Christian, Missouri	
DATE REC'D BY LOCAL REG. Feb 26 - 53	REGISTRAR'S SIGNATURE Caro Jean Hughes	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	ADDRESS Ozark, Mo.	

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.