

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9119**  
Registrar's No. **51**

FILED MAR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5227**

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

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Peculiar</b>	c. LENGTH OF STAY (in this place) <b>2 WKS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Raymore</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pleasant View Rest Home</b>		d. STREET ADDRESS (If rural, give location) <b>In town</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Robert</b>	b. (Middle) <b>Wisley</b>	c. (Last) <b>OSBORN</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>3 5 53</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-1-1870</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sullivan County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Andrew P Osborn</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Caldwell</b>	14. NAME OF HUSBAND OR WIFE <b>Ora Marion Osborn</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eugene Osborn, Grandview, Missouri</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Insufficiency</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Influenza</b> rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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 <b>481X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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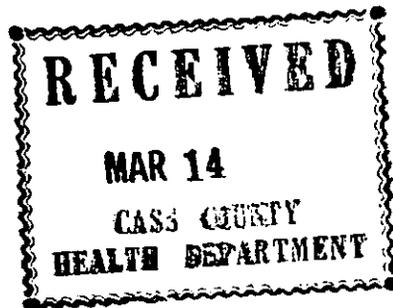
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 20, 1952**, to **Feb 28, 1953**, that I last saw the deceased alive on **Feb 28, 1953**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. S. Triplett M.D.</b>	23b. ADDRESS <b>Harrisonville, Mo.</b>	23c. DATE SIGNED <b>3-5-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-7-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Green City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>March 9 1953</b>	REGISTRAR'S SIGNATURE <b>Dora Barriash</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>George &amp; Sons</b>	ADDRESS <b>Berlin, Mo.</b>
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**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 *Sterling E. Gooden*

Licensed Embalmer No. 4911

P. O. Address Grandview, Missouri

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.