No. 300
10-48

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

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10642

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 4327 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia
c. LENGTH OF STAY (In this place): 1mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iberia 0660
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Leonard
b. (Middle): Clay
c. (Last): Osborn

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: April 10, 1953

9. AGE (In years last birthday): 60 | If under 1 year: Months: | Days: | If under 24 hrs: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Iberia, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Will Osborn

13b. MOTHER'S MAIDEN NAME: Adaline Osborn

14. NAME OF HUSBAND OR WIFE: Bess Osborn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ------

17. INFORMANT'S SIGNATURE OR NAME: Faye Keeth
ADDRESS: Iberia, Missouri

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) Chronic Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma — yrs
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:
241X

20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1948, *to* March 1, 1953, *that I last saw the deceased alive on* March 1, 1953, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm. A. Gould (Degree or title): DO
23b. ADDRESS: Iberia Mo
23c. DATE SIGNED: 3/2/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/3/53
24c. NAME OF CEMETERY OR CREMATORY: Iberia, Cemetery
24d. LOCATION (City, town, or county) (State): Iberia, Missouri

DATE REC'D BY LOCAL REG.: MAR. 4, 1953
REGISTRAR'S SIGNATURE: Jessie Perkins 195-0
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Funeral Home
ADDRESS: Iberia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT

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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, 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.