No. 300
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FILED MAY 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14999

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1725 Ely St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Center, Missouri 0870
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Leola
b. (Middle): F.
c. (Last): Osborne

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 13, 1889
9. AGE (In years last birthday): 63 — If under 1 year: Months 7, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Ralls Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: D. B. Evans
13b. MOTHER'S MAIDEN NAME: Julia P. Evans
14. NAME OF HUSBAND OR WIFE: James E. Osborne

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: Mr. J. E. Osborne — **ADDRESS**: Center, Mo.

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) Cholemia cholemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Common duct obstruction

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: 586X
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* 6 apr, 1953, *to* 21 Apr 25, 1953, *that I last saw the deceased alive on* 21 apr, 1953 *and that death occurred at* 5:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Strong — (Degree or title): M.D. — **23b. ADDRESS**: Hannibal, Missouri — **23c. DATE SIGNED**: 4-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-53
24c. NAME OF CEMETERY OR CREMATORY: Grand View Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Missouri

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Dr. E. M. Lucas By W. C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Willey — **ADDRESS**: Pennsylvania

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 1 1959
MARION CO. HEALTH DEPT.
DATE FILED MAY 1 1959

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 Clyde C. Willey
Licensed Embalmer No. 3820
P. O. Address Perry Inc.

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.