

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15380

State File No.

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 22

0930
1

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

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola (Rural)</u> <u>0930</u>	
c. LENGTH OF STAY (In this place) <u>45 years</u>		d. STREET ADDRESS (If rural, give location) <u>Osceola Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osceola Township</u>		d. STREET ADDRESS (If rural, give location) <u>Osceola Township</u>	
3. NAME OF DECEASED a. (First) <u>Abraham</u>		b. (Middle) <u>Lincoln</u>	
c. (Last) <u>Osborn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar, 22, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 14, 1862</u>
9. AGE (In years last birthday) <u>90</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 MOS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate Sales</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>McDonald Osborn</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Consalver</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Osborn</u>		ADDRESS <u>Osceola Missouri</u>	
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>Coronary Artery Sclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
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 <u>Jan. 19 1946</u> to <u>3-22, 1953</u> , that I last saw the deceased alive on <u>3-22, 1953</u> and that death occurred at <u>1:30 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>T. H. D. Angler, Jr.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Osceola, Mo.</u>	
23c. DATE SIGNED <u>2/23/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/24/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Mound</u>		24d. LOCATION (City, town, or county) (State) <u>Osceola Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-4-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Osceola Mo.</u>	

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 B Bradish

Licensed Embalmer No.

3038

P. O. Address

Crescent No

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.