

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17137

State File No.

FILED JUN 15 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>645</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY <u>Buchanan 0-17</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph Mo.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Buchanan</u>	
c. LENGTH OF STAY (in this place) <u>9 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0117</u>		d. STREET ADDRESS (If rural, give location) <u>211 Lakes Ave. Silvey Rest Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		5. SEX	
a. (First) <u>James</u>		b. (Middle) <u>N.</u>		c. (Last) <u>Osburn</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10/16/1870</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>	
11. BIRTHPLACE (State or foreign country) <u>Buchanan Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Osburn</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Lorena R. Osburn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul R. Osburn</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arterio Sclerosis</u>		ANTECEDENT CAUSES				DUE TO (b) <u>Senility</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving 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.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION				4500	
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		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) (Min.)	
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>June 15, 1952</u> to <u>June 8, 1953</u> , that I last saw the deceased alive on <u>June 3, 1953</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>B. H. Indlock M.D.</u>		23b. ADDRESS <u>703 So. 13th St. City</u>		23c. DATE SIGNED <u>6-8-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>6/11/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Frazier Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Agency Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray Gower</u>	
DATE REC'D BY LOCAL REG. <u>June 11, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray Gower</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

Type on

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John A. Murray

Licensed Embalmer No. 2893

P. O. Address Lower, 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.