

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38730

State File No.

FILED NOV 23 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5450 Registrar's No. 3

03-58

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

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Miller</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Miller</u>		380
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>South of Gentryville, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosalie</u>		b. (Middle) <u>Blauser</u>	c. (Last) <u>Osborn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 31, 1877</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Clarissa Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jason Osborn</u>	
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 ADDRESS <u>H. L. Wells, Gentryville, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mural Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Influenza</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>5 days</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Albany, Gentry, MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <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>8-2-</u> , 19 <u>53</u> , to <u>11-17-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-17-</u> , 19 <u>53</u> , and that death occurred at <u>5:30P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Frank H. Rose M.D.</u>		23b. ADDRESS <u>Albany, MO.</u>		23c. DATE SIGNED <u>11-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/19/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>South of Albany, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 21-1953</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u> <u>462</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford Bush Albany 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 me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clifford Burke

Licensed Embalmer No. 3329

P. O. Address Allany 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.