

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15064

FILED MAY 19 1954

State File No. 300

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>300</u>	
1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>POPLAR BLUFF</u>		c. LENGTH OF STAY (If in this place) <u>8 DAYS</u>		c. CITY OR TOWN <u>DONIPHAN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>POPLAR BLUFF HOSPITAL</u>				f. STREET ADDRESS (If rural, give location) <u>711 BARTON ROAD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>			b. (Middle) <u>L.</u>		c. (Last) <u>OSBORN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 3 - 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOVEMBER 18, 1867</u>		9. AGE (In years last birthday) <u>86</u>	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) <u>RETIRED MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. STORE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GENTRY CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS E. OSBORN</u>			13b. MOTHER'S MAIDEN NAME <u>GENITH ISABELL MATHIS</u>		14. NAME OF HUSBAND OR WIFE <u>INEZ OSBORN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>INEZ OSBORN - DONIPHAN - 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arrhythmias Fibrillation</u> DUE TO (c) <u>and Heart Block</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>3 mo</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4330</u>					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>4-26</u> , 19 <u>54</u> to <u>5-3</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-2</u> , 19 <u>54</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.							
24a. SIGNATURE (Degree or title) <u>W. H. Jackson M.D.</u>				23b. ADDRESS <u>321 Ark Poplar Bluff Mo</u>		23c. DATE SIGNED <u>10 May 54</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/7/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW HOPE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>PURMAN, RIPLEY - MO.</u>		
DATE RECD. BY LOCAL REG. <u>5/10/54</u>		REGISTRAR'S SIGNATURE <u>Ed. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EDWARDS FUNERAL HOME - DONIPHAN - MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

RECEIVED
MAY 17 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

8453

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 _____
Signature of Student Embalmer

Signed Gene H. Parent
Licensed Embalmer No. 480
P. O. Address Monroeville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.