

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4600

State File No.

FILED FEB 21 1955

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5484 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Butler Twp.</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>87 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Rt. #1, McFall, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, McFall, Mo.</u>		0410	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Asbury A.</u> b. (Middle) <u>Osborn</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>February 10, 1955</u>
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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>October 21, 1863</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Land Owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>David Osborn</u>	13b. MOTHER'S MAIDEN NAME <u>Arminda Akes</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Belle Osborn</u>
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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 <u>Anna A. Osborn, McFall, Mo.</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from at death 55th on Feb 10, 1955, that I last saw the deceased alive on 19, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Brun</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>2-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McFall Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McFall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/17/55</u>	REGISTRAR'S SIGNATURE <u>Zola Burrus</u>	11.6	25. FUNERAL DIRECTOR'S SIGNATURE <u>Zola Burrus</u>	ADDRESS <u>Pattonsburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1956

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 *Louis Quercia*.....

Licensed Embalmer No. *409*.....

P. O. Address *Patterson*.....

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.