

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22841

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4306</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>McDonald</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u> c. LENGTH OF STAY (in this place) <u>22 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Goodman</u> d. STREET ADDRESS (If rural, give location) <u>0600</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Morgan</u> c. (Last) <u>Osborn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11-1955</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>March 9, 1878</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Repairman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoeman</u>		11. BIRTHPLACE (State or foreign country) <u>Westborough, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>John Osborn</u>		13b. MOTHER'S MAIDEN NAME <u>Philena Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Georgia 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>Mrs. Georgia Osborn Goodman, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema + Congestion</u>				3 wks.			
DUE TO (c) <u>4342</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disease of coronary arteries</u>				5 yrs			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____			
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>4-23, 1954</u> , to <u>7-10, 1955</u> , that I last saw the deceased alive on <u>7-10, 1955</u> , and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Warren M. Jones D.O. 2</u>				23b. ADDRESS <u>Neesho, Mo.</u>		23c. DATE SIGNED <u>7-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howard Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Goodman, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-14-55</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphrey</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl Ruff Anderson, Mo.</u>			

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

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 Barley Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neesho 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.