

10. 48

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37342

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5627 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN (If outside corporate limits, give R.U.M. and give township) <u>Grovespring Rural</u>	c. LENGTH OF STAY (in this place) <u>life</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 checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. Grovespring</u>		STREET ADDRESS (If rural, give location) <u>Rural Grovespring</u>	

3. NAME OF DECEASED (Type or Print) <u>Richard Edman Osborne</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3. 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>Married</u>	8. DATE OF BIRTH <u>March 24, 1925</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>9</u> Min.
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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>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Raymond Osborne</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Craddock</u>	14. NAME OF HUSBAND OR WIFE <u>Neva Osborne</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>yes World War II</u>	16. SOCIAL SECURITY NO. <u>494-20-1271</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Neva Osborne Grovespring 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidentally shot by father-in-law while coon hunting</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>about seventeen miles South east of Lebanon, Mo. Laclede Co.</u> DUE TO (c) <u>on the Archie Johnson farm</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9191</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Shot through Heart</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural Grovespring</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Laclede Mo.</u> (COUNTY) <u>052</u> (STATE)
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21d. TIME OF INJURY <u>Dec. 3rd 1955 10:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot through Chest with 22 rifle</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Palmer</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Lebanon Mo.</u>	23c. DATE SIGNED <u>12/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/6/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>M. Bride Cemetery Near Competition, Mo.</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>12-6-1955</u>	REGISTRAR'S SIGNATURE <u>Altha L. Gray</u>	424 25 FUNERAL DIRECTOR'S SIGNATURE <u>Halson Funeral Home Lebanon Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 13 1955

Received 12-19-55
Laclede County Health Unit
File No. 198
Date Filed 12-12-55

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 Dorsey M. Howe

Licensed Embalmer No. 42

P. O. Address Lebanon

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.