

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1956

15927

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>5374</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Dettalb</u>		b. CITY (If outside corporate limits, write RURAL and give township)		a. STATE <u>Missouri</u>		b. COUNTY <u>Dettalb</u>	
b. CITY OR TOWN <u>Rural Co. Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Osborn</u>		d. STREET ADDRESS (If rural, give location) <u>3220</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Ida</u>		b. (Middle) <u>MAY</u>		c. (Last) <u>Baker</u>	
4. DATE OF DEATH		a. (Month) <u>MAY</u>		b. (Day) <u>28</u>		c. (Year) <u>1956</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>Dec 1 1865</u>	
9. AGE (In years last birthday) <u>90</u>		10. MONTHS <u>5</u>		11. DAYS <u>27</u>		12. IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Moore</u>		13b. MOTHER'S MAIDEN NAME <u>MARIA MOORE</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. HAROLD MORELAND OSBORN, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>C.H. of colon</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"/>	
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>May 1, 1956</u> , to <u>May 28, 1956</u> , that I last saw the deceased alive on <u>May 28, 1956</u> , and that death occurred at <u>3:20</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Osborn</u>		(Degree or title)		23b. ADDRESS <u>D.O. Cameron, Mo.</u>		23c. DATE SIGNED <u>May 28</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/29/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>Osborn MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-29-56</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u> ADDRESS <u>Plattsburg, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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

*Danell R. Lyon*

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.