

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19520**

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **152004** PRIMARY REG. DIST. NO. **3004** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lamar</b>	c. LENGTH OF STAY (in this place) <b>14 yrs.</b>	c. CITY OR TOWN <b>Lamar</b>	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 <b>At Home</b>		e. STREET ADDRESS (If rural, give location) <b>933 East 12th St.</b>	

3. NAME OF DECEASED (Type or Print) <b>ROBERT</b>	a. (First)	b. (Middle)	c. (Last) <b>OSBORN</b>	4. DATE OF DEATH <b>June 21, 1956</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 6, 1894</b>	9. AGE (In years last birthday) <b>62</b>	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) <b>Plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Building Constr.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Appleton City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>William Osborn</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Hill</b>	14. NAME OF HUSBAND OR WIFE <b>Mazie Walker Osborn</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-40-0921</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Bob Osborn, Lamar, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH  <b>Sudden death</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>suffering from coronary</b> DUE TO (c) <b>disease two years</b>		
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 <b>4201</b>	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.) <b>LAMAR</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Barber Mo</b>
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

22. I hereby certify that I attended the deceased from **1953**, 19\_\_\_\_, to **June 21, 1956**, that I last saw the deceased alive on **June 18, 1956**, and that death occurred at **7:20** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D.R. Guedner M.D.</b>	23b. ADDRESS <b>LAMAR Mo</b>	23c. DATE SIGNED <b>6-21-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 25, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lamar, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 25 1956</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Clarence White Lamar Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

140

JUL 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Channing W. Chiles*.....

Licensed Embalmer No. *34*.....

P. O. Address *St. Louis, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.