

FILED DEC 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42276

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 20		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Taylor				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Maryville		c. LENGTH OF STAY (in this place) township) 3 weeks		c. CITY OR TOWN Rural, Polk Twp.		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 St. Francis Hospital				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Joseph			b. (Middle) Hooker		c. (Last) Osborn		4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Nov. 10, 1870		9. AGE (in years last birthday) 86	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Taylor County, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Jason Osborn			13b. MOTHER'S MAIDEN NAME Mary Baker		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Ethel Osborn, Basin, Wyo.				
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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Cerebral Thrombosis</i></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p align="right">332.X</p>						INTERVAL BETWEEN ONSET AND DEATH <i>SWH</i>	
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. 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 <i>12/14, 1956</i> to <i>12/11, 1956</i> that I last saw the deceased alive on <i>12/11, 1956</i> and that death occurred at <i>8:15 p. m.</i> from the causes and on the date stated above.								
23a. SIGNATURE <i>C. W. Willard</i> (Degree or title) (P23b. ADDRESS <i>Willard</i>)			23c. DATE SIGNED <i>12/3/56</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-4-56	24c. NAME OF CEMETERY OR CREMATORY Willard		24d. LOCATION (City, town, or county) (State) Taylor County, Iowa			
DATE REC'D BY LOCAL REG. <i>12-11-56</i>		REGISTRAR'S SIGNATURE <i>Boers</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Stanley Swanson</i>		ADDRESS Hopkins, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 Myself Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3963

P. O. Address Hopkins, M

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.