

FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31398

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 5445

Registrar's No. 114

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bogle Twn.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Gentry</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 Mi. west of Gentry, Mo.</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>3 mi. West of Gentry</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Grace</b> Middle <b>Osborn</b> Last			4. DATE OF DEATH Month <b>Oct.</b> Day <b>1.</b> Year <b>1957</b>	
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-13-1879</b>	9. AGE (In years, months, and days) <b>77</b>	IF UNDER 1 YEAR Month <b>8</b> Days <b>18</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>House wife</b>	11. BIRTHPLACE (City and state or country) <b>Gentry County</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Phillip Lane</b>	13b. MOTHER'S MAIDEN NAME <b>Annabell Coffey</b>	14. NAME OF HUSBAND OR WIFE <b>Charley Osborn</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Homer Sharp, Gentry, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerosis</b>	<b>12 years</b>
	DUE TO (c) <b>hypertension</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Greenridge</b>	COUNTY <b>Gentry</b>	STATE <b>Mo.</b>
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21. I attended the deceased from <b>4:30</b> to <b>viewed after death</b> and last saw him alive on <b>the date stated above</b> .	(Death occurred at <b>4:30</b> m on the date stated above; and to the best of my knowledge, from the causes stated.)
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22a. SIGNATURE <b>Jack C. Barnes, D.O.</b>	22b. ADDRESS <b>King City, Mo.</b>	22c. DATE SIGNED <b>Oct. 1, 1957</b>
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23a. BURIAL, CREMATION, RENOVATION (Specify) <b>burial</b>	23b. DATE <b>Oct. 3, 57</b>	23c. NAME OF DEATH RECORDING OFFICE <b>Greenridge</b>	23d. LOCATION (City, town, or county) <b>Gentry</b>	(State) <b>Mo.</b>
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24. FUNERAL DIRECTOR <b>Lelon F. Phillips</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Oct. 3-1957</b>	26. REGISTRAR'S SIGNATURE <b>Lelon F. Phillips, D.O.</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

420

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 *Harold E. Koalrel* .....

Licensed Embalmer No. *4609* .....  
P. O. Address *King City,* .....

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.