

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11519
STATE FILE NUMBER

FILED NOV 20 1957

Registration District No. 290 Primary Registration District No. 5986 Registrar's No. 141

Health,
& Welfare
S. Public
th Service

S. 300
w. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Potter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tavern.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Amarillo, Texas.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>None.</u> Length of stay in lb -----		d. STREET ADDRESS (If outside, give location) <u>2441 N.W. 15 th.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Lahoma</u> Middle <u>Imogene</u> Last <u>Osborne.</u>			4. DATE OF DEATH Month <u>11</u> Day <u>8</u> Year <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 20, 1939</u>
9. AGE (In years last birthday) <u>18</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u> Hours <u>25</u> Min. <u>X</u>	IF UNDER 24 HRS. Hours <u>25</u> Min. <u>X</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and state or country) <u>Unknown.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Irving N. Gamewell</u>	
14. MOTHER'S MAIDEN NAME <u>Lahoma Halbauer.</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	
16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>Donald R. Osborne</u> Address <u>Ft. Leonard Wood</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>FRACURED CERVICAL VERTEBRATE</u> <u>FRACURE LUMBAR VERTEBRATE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>AUTO ACCIDENT</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
20a. ACCIDENT <input checked="" 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.) <u>Automobile Accident.</u>	
20c. TIME OF INJURY Hour <u>3:00</u> Month <u>11</u> Day <u>8</u> Year <u>57</u> p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>highway "17"</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>5 miles S. Crocker Pulaski Mo.</u>	
21. I attended the deceased from <u>3:00</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>County Coroner.</u>		22b. ADDRESS <u>Richland, Missouri.</u>	
22c. DATE SIGNED <u>11/9/57</u>		22d. DATE SIGNED _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/10/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Amarillo Centery</u>		23d. LOCATION (City, town, or county) (State) <u>Amarillo, Texas.</u>	
24. FUNERAL DIRECTOR <u>Hedges Funeral Home Crocker, Mo</u> Address <u>Richland, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-10-57</u>	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		26. REGISTRAR'S SIGNATURE _____	

RECEIVED
11-16-57
Pulaski County Health Officer
171
File Number
11-10-57
Date Filed

DEC 3 1957

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 *Clarence Cross*

Licensed Embalmer No. *4886*

P. O. Address *Wynnsville, Ind.*

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.