Health, Welfare Public Service

3004
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001763
STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): CARTHAGE — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): SPAIN CONVALES-CENT HOME, 316 FULTON — Length of stay in this Inst.: 12 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN 0495 c — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 218 BYERS AVE. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: LEE Last: OSBORNE

4. DATE OF DEATH Month: JANUARY Day: 6 Year: 1959

5. SEX: M c

6. COLOR OR RACE: W

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: JAN. 24, 1879

9. AGE (In years last birthday): 79 — 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): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: FIRE EXTINGUISHERS

11. BIRTHPLACE (City and state or country): LITTLE ROCK, ARK.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: MARTIN V. OSBORNE
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: MAY VIOLA OSBORNE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES SPANISH-AMERICAN
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT: MRS. MAY V. OSBORNE, Address: 218 BYERS AVENUE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 8-10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, generalized — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility + General Debility 4500

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from (3 A.M.) Aug 58, to 1-6-59 and last saw ~~her~~ him alive on 1-5-59
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Grover S Patterson MD
22b. ADDRESS: 506 S Main, Carthage, Mo
22c. DATE SIGNED: 1-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 1-8-59
23c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 1-7-59
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JAN 19 1958

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

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.