

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006231  
STATE FILE NUMBER

FILED MAR 2 1959 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 21

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-57

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lexington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lexington</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>South 5th Street</i>		Length of stay in 1b <i>5 years</i>	d. STREET ADDRESS (If outside, give location) <i>South 5th Street</i>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>Henry First Middle T Last Osborn</i>			4. DATE OF DEATH <i>February 11 - 1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>November 29, 1902</i>		9. AGE (In years last birthday) <i>56</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>self employed</i>	11. BIRTHPLACE (City and state or country) <i>Cedar Town, Georgia.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Henry S. Osborne</i>		13b. MOTHER'S MAIDEN NAME <i>Dell J. Cambron</i>		14. NAME OF HUSBAND OR WIFE <i>Eunice Reed</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>253-24-6878</i>		17. INFORMANT Address <i>Eunice Osborne, Lexington, Missouri</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary embolism</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>this man died very suddenly</i>		
	DUE TO (c) <i>on the way his butche to preserve family</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>42c1</i>			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.)		
20c. TIME OF INJURY Hour a.m. p.m.					
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 COUNTY STATE	

21. I attended the deceased from <i>never</i> , to <i>never</i> and last saw her/him alive on <i>never</i> Death occurred at <i>11 A M</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>M E Martin</i>		22b. ADDRESS <i>Odesa Mo</i>		22c. DATE SIGNED <i>2-11-59</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov. 14, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Machpelah</i>		23d. LOCATION (City, town, or county) (State) <i>Lexington, Missouri.</i>	
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24. FUNERAL DIRECTOR <i>James F. Kempel, Lexington, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>2-25-59</i>		26. REGISTRAR'S SIGNATURE <i>Wm E Eastbrook</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Geo. McKeon \_\_\_\_\_

Licensed Embalmer No. 2283

P. O. Address Washington, D.C.

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.