Health, & Welfare Public Service

S. 300
1-57

4

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008884
STATE FILE NUMBER

FILED MAR 31 1959 Registration District No. 098 Primary Registration District No. ____ Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY DAVIESS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN GALLATIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JUANITA. REST HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY DAVIESS
c. CITY OR TOWN WINSTON 0310 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOSEPH Middle NORMAN Last OSBORN

4. DATE OF DEATH Month MARCH Day 14 Year 1959

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH JULY 17-1869
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months 6 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) DAVIESS COUNTY 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM HENRY OSBORN
13b. MOTHER'S MAIDEN NAME MARY NORMAN
14. NAME OF HUSBAND OR WIFE [redacted]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address HENRY OSBORN, WEATHERBY, MO

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) Edema of lungs & Cardiac Enlargement — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac vascular renal disease — 3 yrs
DUE TO (c) Senile dementia, Chronic nephritis — 4 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

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 Dec 1 58, to Mar 14/59 and last saw her/him alive on Mar 14/59
Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H Bailey DD 2
22b. ADDRESS Gallatin Mo
22c. DATE SIGNED 3-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3-16-59
23c. NAME OF CEMETERY OR CREMATORY ALTA VISTA
23d. LOCATION (City, town, or county) WINSTON (State) MO

24. FUNERAL DIRECTOR ADDRESS Virgil V. Strauss, Winston, Mo
25. DATE RECD. BY LOCAL REG. 3-26-59
26. REGISTRAR'S SIGNATURE Virgil M Engelhart

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 .....

Licensed Embalmer No. 3302

P. O. Address .....

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.