

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

'59 0 43766

FILED VS JAN - 6 1960

Registration District No. 098 Primary Registration District No. \_\_\_\_\_ Registrar's No. 18

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u>		Length of stay in 1b <u>Most of Life</u>		c. CITY OR TOWN <u>Gallatin</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>---</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>---</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Kathryn</u> Middle <u>Cloud</u> Last <u>Osborn</u>				4. DATE OF DEATH Month <u>December</u> Day <u>26</u> Year <u>1959</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-6-1884</u>		9. AGE (last birthday) <u>75</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>Own Home</u>		11. BIRTH PLACE (City and state or country) <u>Gainesville Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>Chickasha, Oklahoma</u>		USA	
13a. FATHER'S NAME <u>Isaac Cloud</u>			13b. MOTHER'S MAIDEN NAME <u>Lockie Jane (Unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Henry C. Osborn (Decd)</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>487-20-1739</u>		17. INFORMANT <u>Mrs. Mary Sue Hamilton</u>			Address <u>Gallath Mo.</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>Massive Cerebral hemorrhage (rt)</u>								INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>hypertension, arteriosclerosis, generaliz'd cardiac hypertrophy with mitral insufficiency</u>						DUE TO (c) <u>several years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		Month, Day, Year							
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 <u>1949</u> to <u>Dec 26, 1959</u> and last saw her alive on <u>Dec 26, 1959</u> Death occurred at <u>9 P.m.</u> 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>MD</u>				22b. ADDRESS <u>Gallatin Mo</u>				22c. DATE SIGNED <u>12/29/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-29-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>			
24. FUNERAL DIRECTOR <u>Hope Funeral Home, Gallatin, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7 Jan. 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 22 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3302

P. O. Address Fullerton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.