URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009524

STATE FILE NUMBER

FILED VS MAR 8 1960

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 16

AMENDED

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethel Twsp.
Length of stay in 1b: 50 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 Mi. East of Bethel
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Shelby
c. CITY OR TOWN: Bethel Twsp.
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 2 Mi. East of Bethel
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Scott Middle: Last: Van Osdol
4. DATE OF DEATH: Month February Day 29 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb. 10, 1874
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: 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: Own Farm
11. BIRTHPLACE (City and state or country): Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Hoskiss Van Osdol
13b. MOTHER'S MAIDEN NAME: Catherine Vaughter
14. NAME OF HUSBAND OR WIFE: Mary E. Van Osdol
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489 42 1368
17. INFORMANT: Snowda Van Osdol, RFD Bethel, Mo. Address

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) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Feb. 26-29
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart Failure, Hypertension — Several years
DUE TO (c) Arteriosclerosis & Senility
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Feb 19, 1960 to Feb 29, 1960 and last saw her/him alive on Feb. 29, 1960
Death occurred at 8 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Gladys Bauer (Degree or title) DO.
22b. ADDRESS: Shelbina, Missouri
22c. DATE SIGNED: Mar 3, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/2/1960
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Prairie Cemetery
23d. LOCATION (City, town, or county) (State): Shelby County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Hayes Funeral Home, Shelbina, Mo.
25. DATE RECD. BY LOCAL REG.: Mar 5-1960
26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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_____ Signed Paul E. Hayes

Signature of Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Shelbina, Mo.

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