URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 3 1960

60-018036
STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Black Creek Township
Length of stay in 1b 16 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home
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 Shelbyville, Mo. R.F.D.
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Shelbyville, Mo. R.F.D.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Anna Middle: Amelia Last: Osborn
4. DATE OF DEATH Month: April Day: 24 Year: 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-5-1879
9. AGE (last birthday) 81
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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY House Wife
11. BIRTHPLACE (City and state or country) Nebraska
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Lewis Land
13b. MOTHER'S MAIDEN NAME Lourinda J. Pittner
14. NAME OF HUSBAND OR WIFE F. M. Osborn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Ellis Truner, Address Shelbyville. 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) Acute Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Congestive Heart dis. — 10 years.
DUE TO (c) Rheumatic heart disease — years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bronchial asthma & chronic chole. cystitis
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 June 1946, to April 24 1960 and last saw her/him alive on April 24, 1960
Death occurred at 10:15 p 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 Mo.
22c. DATE SIGNED April 25, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 27, 1960
23c. NAME OF CEMETERY OR CREMATORY Burditt Cemetery
23d. LOCATION (City, town, or county) (State) Ava, Mo. Douglas Mo.
24. FUNERAL DIRECTOR Greening ADDRESS Shelbyville, Mo.
25. DATE RECD. BY LOCAL REG. Apr 27-60
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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles V. Green

Licensed Embalmer No. 4625

P. O. Address Clarence

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