

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

DEC 27 1960

**-60-046530**

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		Length of stay in 1b <b>About 2 years</b>		c. CITY OR TOWN <b>Neosho</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>316 So. Fulton</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>602 So. Hamilton</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>E.</b> Last <b>OSBORN</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>22</b> Year <b>1960</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3/23/68</b>	9. AGE (last birthday) <b>92</b>	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) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and state or country) <b>Xenia Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>James West</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown Johnson</b>			14. NAME OF HUSBAND OR WIFE <b>T. E. Osborn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Irene West, Neosho Missouri</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Gangrene</b> DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> <b>10-15 yrs.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility, General Debility</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 name 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 <b>Nov 1958</b> to <b>Dec. 22, 1960</b> and last saw her <b>alive</b> on <b>December 19, 1960</b> Death occurred at <b>7:40 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Legible or typed) <b>Sharon S. Patterson M.D.</b>				22b. ADDRESS <b>510 S Main, Carthage, Mo</b>			22c. DATE SIGNED <b>12-24-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-27-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bronson</b>		23d. LOCATION (City, town, or county) (State) <b>Bronson Kansas</b>				
24. FUNERAL DIRECTOR <b>Thompson Funeral Home, Neosho Mo.</b>				ADDRESS <b>12-24-60</b>		25. DATE RECD. BY LOCAL REG. <b>12-24-60</b>			
26. REGISTRAR'S SIGNATURE <b>EM Cloutier</b>									

DOCUMENT

MEDICAL CERTIFICATION

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 Jimmy C. Jobe, Student Embalmer No. 619

working under my personal supervision

Student Jimmy C. Jobe  
Signature of Student Embalmer

Signed W. M. G. Jamison

Licensed Embalmer No. 5065

P. O. Address Memphis, TN

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.