

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048586

FILED VS JAN 18 1967

Registration District No. 12 Primary Registration District No. 3003 Registrar's No. 12

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Barry</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Monett</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Barry</b>
Length of stay in 1b <b>9 mo</b>		c. CITY OR TOWN <b>612 Frisco Monett</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>Elsie's Rest Home</b>		d. STREET ADDRESS <b>612 Frisco</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>ELISHA</b>	Middle <b>JAMES</b>	Last <b>OZBUN</b>	Month <b>December</b>	Day <b>28</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-30-1869</b>	9. AGE (last birthday) <b>91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Jabez Ozburn</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Holloway</b>		14. NAME OF HUSBAND OR WIFE

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>unknown</b>	17. INFORMANT <b>Mrs. Joe Evans-Monett, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>	DUE TO (b) <b>Generalized Arteriosclerosis</b>	
DUE TO (c)		

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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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
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21. I attended the deceased from 4-16-55 to 12-28-60 and last saw him live on 12-24-60  
Death occurred at 5:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. J. Evans</i> (Degree or title) <b>MD</b>	22b. ADDRESS <b>Monett, Mo</b>	22c. DATE SIGNED <b>12-61</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<b>Burial</b>	<b>12-30-1960</b>	<b>Bethel Cemetery</b>
23d. LOCATION (City, town, or county)		(State)
<b>Barry County, Missouri</b>		

24. FUNERAL DIRECTOR <b>Culver's</b>	ADDRESS <b>Cassville, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>1-8-61</b>	26. REGISTRAR'S SIGNATURE <i>Ma. P. Cook</i>
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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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville,

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.