MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029949
STATE FILE NUMBER

AMENDED

FILED AUG 22 1961

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 138

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon
Length of stay in 1b: 54 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 442 N. Adams
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 442 N. Adams
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mabel Middle May Last Osborn
4. DATE OF DEATH: Month August Day 12 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-22-75
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Great Valley, N.Y.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Elija Pinckney
13b. MOTHER'S MAIDEN NAME: Louisa Cross
14. NAME OF HUSBAND OR WIFE: J.A. Osborn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
17. INFORMANT: J.A. Osborn Address: Lebanon, Missouri

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of left breast — 2 yrs.
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. ☐ 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 1948, to Aug. 12, 1961 and last saw her/him alive on Aug. 11, 1961
Death occurred at 3 P.m on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE W. Carrington (Degree or title) M.D.
22b. ADDRESS Lebanon, Mo.
22c. DATE SIGNED 8-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-14-61
23c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cemetery
23d. LOCATION (City, town, or county) (State): Lebanon Missouri
24. FUNERAL DIRECTOR: Douglas Griswold ADDRESS: Lebanon, Mo
25. DATE RECD. BY LOCAL REG.: 8-14-1961
26. REGISTRAR'S SIGNATURE: Nella L. Day
(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 Allyn Hooker

Signature of Student Embalmer

Licensed Embalmer No. 4333

P. O. Address Lebanon, Mo

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.