SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-047912
STATE FILE NUMBER

AMENDED

Registration District No. 337 Primary Registration District No. _____ Registrar's No. 81

FILED JAN 16 1962

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethel Township — Length of stay in 1b: 6 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Salt River — Inside Limits: Yes ☐ No ☐

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

3. NAME OF DECEASED (Type or print): First: Rachel Middle: White Last: Osborn
4. DATE OF DEATH: Month Day Year: December 9, 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-23-1926
9. AGE (last birthday): 35 — 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:
11. BIRTHPLACE (City and state or country): Desoto County, Miss.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Ernest White
13b. MOTHER'S MAIDEN NAME: Lillian Wilson
14. NAME OF HUSBAND OR WIFE: Clarence E. Osborn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT Address: Clarence Osborn, Shelbyville

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
IMMEDIATE CAUSE (a): Drowned
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Jumping from bridge over ~~Dell~~ Salt River on Hwy 15
DUE TO (c): 2½ Mi. North of Shelbina, Missouri

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: 4:00 Hour a.m. p.m. Month, Day, Year: 12-9-61
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.): Highway #15
20f. CITY, TOWN, OR LOCATION: 2½ Miles North Shelbina — COUNTY: Shelby — STATE: Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Coroner
22b. ADDRESS: Bethel, Mo.
22c. DATE SIGNED: 12-11-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-12-1961
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Shelbyville, Missouri

24. FUNERAL DIRECTOR: Greenings — ADDRESS: Clarence, Mo.
25. DATE RECD. BY LOCAL REG.: 12-13-61
26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 Charles V. Gicca

Signature of Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence

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.