

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000165

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 15

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Length of stay in 1b <u>11 days</u>	c. CITY OR TOWN <u>5 Miles S.W. Archie</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bates County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>P.O. RFD# 1 Adrian, Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u>Lewis</u> Last <u>Osborn</u>		4. DATE OF DEATH Month <u>January</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 1 1900</u>
9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>RFD# 1 Drexel, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>DeLancen Osborn</u>	
13b. MOTHER'S MAIDEN NAME <u>Eda Cathern Lewis</u>		13c. NAME OF HUSBAND OR WIFE <u>Beulah Reynolds Osborn</u>	
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. <u>Not known</u>	17. INFORMANT Address <u>Donald Lewis Osborn 3715 Worwick Blvd. Kansas City, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>left side heart failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>cerebral vascular accident 48 hrs. before death.</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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
21. I attended the deceased from <u>Apr. 1959</u> to <u>Jan. 21st '62</u> and last saw her/him alive on <u>Jan. 21st, 1962</u> Death occurred at <u>6135 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. D. Laffney, M.D.</u>		22b. ADDRESS <u>212 N. Main St., Underwood Bldg., Butler, Mo.</u>	22c. DATE SIGNED <u>1/22/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 23/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Everett Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Near Archie, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Atkinson - Dickey Archie, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Norma Jean Wilson</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

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 me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Billy J. Hickley

Licensed Embalmer No. 4685

P. O. Address London City, 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.