MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037820
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1037

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0120
2 0120
3
4 0
5 1
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7 0
8 0
9 203X
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO.

BY AFFIDAVIT OF — DOCUMENT

FILED OCT 16 1962

1. PLACE OF DEATH
a. COUNTY: Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Williamsville. R.# 1 — Length of stay in 1b: Life

c. CITY OR TOWN: Williamsville, — Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Home R.R.# 1 — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): R. R. # 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: SAMUEL Middle: N. Last: OSBURN

4. DATE OF DEATH: Month: Sept. Day: 26, Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11/15/85

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months: 10 Days: 11 — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Poplar Bluff, Mo

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Frank Osburn

13b. MOTHER'S MAIDEN NAME: Lillie Garrett

14. NAME OF HUSBAND OR WIFE: Bertha Osburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs.Berth Osburn, Williamsville — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Multiple Myeloma

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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 8/2/62, to 9/26/62 and last saw him alive on 9/26/62

Death occurred at 7:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): David V. Mielke M.D.

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/28/1962

23c. NAME OF CEMETERY OR CREMATORY: New. Oak Hill

23d. LOCATION (City, town, or county) (State): Williamsville, Mo. R.# 1

24. FUNERAL DIRECTOR ADDRESS: Frank-Cotrell Chapel, Poplar Bluff, Mo.

25. DATE RECD. BY LOCAL REG.: 10-9-1962

26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 3 1964

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 Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff 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.