

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1220

State File No.

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place township) <u>40 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo 042-</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Genl Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>north main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>A</u> b. (Middle) <u>Jackson c. (Last) <u>Osburn</u></u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10/3/1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Packet store</u>		11. BIRTHPLACE (City and State or foreign Country) <u>Leeville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Benjamin Osburn</u>		13b. MOTHER'S MAIDEN NAME <u>Laura E</u>		14. NAME OF HUSBAND OR WIFE <u>Cornie Elizabeth Osburn</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lois Fredrick Clinton Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, pharynx</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>148X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-30</u> , 19 <u>52</u> , to <u>1-15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 15, 1953</u> , and that death occurred at <u>4 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A. S. Walker, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>1-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/18/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laura Oak Elm</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan-19-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Connelley Clinton Mo</u>			

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

walk

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
Student Embalmer

Signed J. E. Conover

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.