

FILED MAY 11 1948

State File No.

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: State Hosp #1 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs, 3 mos + 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Clark Township
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME DABNEY OSBORN

3. (b) If veteran, name war. - 3. (c) Social Security No. none

4. Sex m 5. Color or race White 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased Dec 21 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Randolph Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business farm

MOTHER FATHER

12. Name Tyler Osborn

13. Birthplace OK 9
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Lambert

15. Birthplace OK 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records of State Hosp #1

(b) Address Fulton, Mo.

17. (a) Funeral (b) Date thereof April 6, 1948
(Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director J. Frank Surrency

(b) Address 1111 1/2 S. 1st St. Fulton, Mo.

19. (a) April 4 1948 (b) Jessie Lambert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1948 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 2
1941 to April 4 1948
that I last saw him alive on April 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac dilatation Duration 3 hrs.

Due to Chronic interstitial myocarditis ? no

Due to Generalized arterio-sclerosis yes?
Coronary sclerosis yes?

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations 93A
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature John D. Black (M. D. or other) no
Address Fulton, Mo. Date signed 4/4/48

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. Leslie Murray*.....
Licensed Embalmer No..... *3235*.....

P. O. Address..... *Marshall, W. Va.*.....

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.

109 W. 7th