

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 20 1949

BIRTH NO.		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5223</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY OR TOWN <u>Rural Everett</u>		c. LENGTH OF STAY (In this place) <u>62 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Everett</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>				d. STREET ADDRESS (If rural, give location) <u>10 mi NE of Drexel</u>			
3. NAME OF DECEASED (Type or Print) <u>Barton Edwin Osborn</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 11-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>	8. DATE OF BIRTH <u>Mar 16-1887</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired 2 years.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Near Everett, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jackson Osborn</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Burchett</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elvita Osborn, Drexel Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Abdominal Carcinomatosis</u>					<u>3 yrs.</u>	
	ANTECEDENT CAUSES <u>Origin not determined.</u>						
	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						
	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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					<u>1998</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) (Min.)		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>Mar 11, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>June 11, 1949</u> , and that death occurred at <u>2:25 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Basil Stasturel M.D.</u>				23b. ADDRESS <u>Drexel Mo</u>		23c. DATE SIGNED <u>6/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 13, 1949</u>		REGISTRAR'S SIGNATURE <u>Rama J. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>51 Atkinson Drexel Mo.</u>			

JUL 8 1945

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

Floyd Altman

Licensed Embalmer No.

3970

P. O. Address

Harrisville

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.