

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
c. LENGTH OF STAY (in this place) 8 yrs.		d. STREET ADDRESS (If rural, give location) 1720 S. First St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1720 S. First St.			
3. NAME OF DECEASED (Type or Print) Ezra		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1950	
a. (First)		b. (Middle) Osborn	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH April 19, 1867	
9. AGE (In years) (Month) (Day) (Year) 82		10. KIND OF BUSINESS OR INDUSTRY Retired Miner	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) State of Indiana	
13a. FATHER'S NAME David Osborn		13b. MOTHER'S MAIDEN NAME Caroline Henderson	
13c. NAME OF HUSBAND OR WIFE None		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Alma Gibson, Kirksville, Mo.		ADDRESS Kirksville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage ANTECEDENT CAUSES Carcinoma of Stomach Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Carcinoma of Stomach DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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 October 10, 1949 , to January 10, 1950 , that I last saw the deceased alive on January 9, 1950 , and that death occurred at 7:30 a.m. , from the cause and on the date stated above.			
23a. SIGNATURE (Degree or title) Howard E. Gross, M.D.		23b. ADDRESS 213 Kirksville, Mo.	
23c. DATE SIGNED 1-10-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/12/50	
24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE Wato Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley		ADDRESS Kirksville, Mo.	

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

RECEIVED JAN 1-7-1950
District Health Officer No. 1
District File Number 1-50-116
Date Filed JAN 1-7-1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Roy H. Mercer

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirksville, Missouri.

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.