S. No. 300
v. 10.48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29502

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1112

0117 1

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1327 Garfield Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117 0
d. STREET ADDRESS (If rural, give location): 1327 Garfield Ave.

3. NAME OF DECEASED (Type or Print): a. (First) TOBITHA --Edith; b. (Middle) EDITH -Tobitha; c. (Last) Osborn

4. DATE OF DEATH (Month) (Day) (Year): September 28, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: December 6, 1890
9. AGE (In years last birthday): 59 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): St. Joseph, Missouri.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ELIJAH SWINNEY Eligha Sweeney
13b. MOTHER'S MAIDEN NAME: MARY Cecelia ~~Moutrey~~ MONTREY
14. NAME OF HUSBAND OR WIFE: Thomas Osborn

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.: Nil
17. INFORMANT'S SIGNATURE OR NAME: Thomas Osborn — ADDRESS: St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSES 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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 20 MIN.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FAMILIAL XANTHOMATOSIS — 4 YRS.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 1947, *to* 9-28, 1950, *that I last saw the deceased alive on* 9-26, 1950, *and that death occurred at* 8:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MDU
23b. ADDRESS: 706 Francis, St. Joseph, Mo
23c. DATE SIGNED: 10-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Oct. 3, 1950
REGISTRAR'S SIGNATURE: E. L. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer — ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Raymond W Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

Signed **** *****
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan }

State File No. 29502-50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1112

On this 19 day of October, 1950, before me appears Mrs. Frances Alice Hunt, who, upon her oath, states that the original record of ~~birth~~ death for Edith Tobitha Osborn, ~~born~~ died Sept 28, 1950, in the State of Missouri, and which was filed at St. Joseph, Mo on 10-3, 1950, should be corrected as follows:

Item No. ..... should read .....

Instead of .....

Item No. 3 should read TOBITHA EDITH OSBORN

Instead of Edith Tobitha Osborn

Item No. 13 A should read ELIJAH SWINNEY

Instead of ELIGHA SWEENEY

Item No. 13 B should read MARY CECELIA MONTREY

Instead of CECELIA MOUTREY

Item No. 14 should read Thomas W. Osborn

Instead of Thos. Osborn

Item No. 17 should read Thomas W. Osborn

Instead of Thos. Osborn

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Frances A. Hunt Daughter
Relationship.

1327 Garfield Ave
Present Address.

Subscribed and sworn to before me this 19th day of October, 1950.

My Commission expires My Commission Expires June 22, 1954 Clare M. Nussbaum Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
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