

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 119

0822/0

1. PLACE OF DEATH a. COUNTY <u>Louisiana Pike Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Clarksville</u> 0822	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pike Co. Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Osborn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 10 - 1875</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>26</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Near Louisiana Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Harvey Osborn</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Fry</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Val. H. Kerton 1219 - Wilmington</u>
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) <u>cerebra-vascular accident</u> ANTECEDENT CAUSES <u>arteriosclerotic hypertension</u> 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>33IX</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) <u>Louisiana Pike Mo.</u>			
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>11-4-</u> , 1950, to <u>11-5-</u> , 1950, that I last saw the deceased alive on <u>11-5-</u> , 1950, and that death occurred at <u>11 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John H. Hooker, M.D.</u>		23b. ADDRESS <u>Clarksville, Mo</u>	
23c. DATE SIGNED <u>11-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 7-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Lays</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernice Callier 374</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Carrott</u>		ADDRESS <u>Clarksville Mo</u>	

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

Date Received: NOV 18 1960  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-1932  
Date Filed: NOV 22 1960

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 George P. Stagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.