

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11421**

0013
1

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3 000</u> Registrar's No. <u>111</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u> <u>0013</u>		d. STREET ADDRESS (If rural, give location) <u>561 St Normal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. 501 St Normal</u>						
3. NAME OF DECEASED a. (First) <u>John Henry Osborn</u> (Type or Print)			b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 19 1951</u>	
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 21, 1866</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>27</u>	11. IF UNDER 24 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parson</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lewis Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm. H. Osborn</u>		13b. MOTHER'S MAIDEN NAME <u>Wm. H. Osborn</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Osborn</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.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mary Ellen Osborn</u> <u>Kirkville Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Block with left Cardiac Failure</u>				<u>3 days</u>
		ANTECEDENT CAUSES				
		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.				
		DUE TO (b)				
		DUE TO (c) <u>Arterio-sclerotic heart disease</u>				<u>20 years</u>
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterio-sclerosis</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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)		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>April 17, 1951</u> , to <u>April 19, 1951</u> , that I last saw the deceased alive on <u>April 19, 1951</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Howard E. Gross, D.O.</u>			23b. ADDRESS <u>11026 Normal Ave. Kirkville Mo</u>		23c. DATE SIGNED <u>4-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-21-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Varrow</u>		24d. LOCATION (City, town, or county) (State) <u>Varrow Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-20-51</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Happy Funeral Home</u> <u>Clarence Mo</u>		

1001786
Embalmed
1001786

Date Received: APR 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-67-786
Date Filed: APR 23 1951

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: *Louis E. Hopper*

Licensed Embalmer No. 42

P. O. Address *Louis E. Hopper*

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.

Clarence W. Hopper