

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15395**

FILED MAY 14 1951

BIRTH NO. _____		REG. DIST. NO. 366		PRIMARY REG. DIST. NO. 6244		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Mines Rural-Union		c. LENGTH OF STAY (In place) 1 yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Old Mines Rural-Union			
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Mines				d. STREET ADDRESS (If rural, give location) Old Mines 1108			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) Lawrence		c. (Last) Osia		4. DATE OF DEATH (Month) (Day) (Year) April 5 1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-6-1905	
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Truck Driver		11. BIRTHPLACE (State or foreign country) Old Mines, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Medie Osia		13b. MOTHER'S MAIDEN NAME Frances DeClue		14. NAME OF HUSBAND OR WIFE Louise Osia	
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 # 487-20-6437		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Osia, Old Mines, Mo			
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* (a) Coronary Occlusion		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.)						4201	
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 No physician , 19____, that I last saw the deceased alive on never , and that death occurred at 8:30 A m. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph L. Plummer, M.D. (Degree or title) Coroner 3				23b. ADDRESS Potosi, Mo.		23c. DATE SIGNED 5-7-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-8-1951		24c. NAME OF CEMETERY OR CREMATORY St Joachims Cemetary		24d. LOCATION (City, town, or county) (State) Old Mines, Mo	
DATE REC'D BY LOCAL REG. 5/7/51		REGISTRAR'S SIGNATURE Walnut		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyer Funeral Home Potosi, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 10 1951

WASH. COUNTY HEALTH DEPT.

File No. 551-97

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.....
Student Embalmer

Signed *Mary M. Smith*

Licensed Embalmer No. *4394*

P. O. Address *Potasi, 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.