

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7187**

No. 300
10. 48

FILED MAR 17 1952

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

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 94	
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. LENGTH OF STAY (In this place) 26 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0013			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1308 N. Green St.				d. STREET ADDRESS (If rural, give location) 1308 N. Green 0			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) C.		c. (Last) Osborn		4. DATE OF DEATH (Month) (Day) (Year) Mch. 9, 1952	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 31, 1872	
9. AGE (In years last birthday) 80		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Barber		10b. KIND OF BUSINESS OR INDUSTRY Retired Barber		11. BIRTHPLACE (City and State or Foreign Country) Half Rock, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Thomas Osborn		13b. MOTHER'S MAIDEN NAME Adaline Martin		14. NAME OF HUSBAND OR WIFE Lela G. Lyon			
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 ADDRESS Mrs. Lela Osborn, Kirksville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia ANTECEDENT CAUSES DUE TO (b) Influenza DUE TO (c) (General debility) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelo-nephritis				INTERVAL BETWEEN ONSET AND DEATH Few days Several days (Few yrs) At least months	
19a. DATE OF OPERATION -- --		19b. MAJOR FINDINGS OF OPERATION -- --		480X		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 Feb. 19, 1952 , to March 9, 1952 , that I last saw the deceased alive on Mch. 9, 19 52 and that death occurred at 7:22 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R. Roderick, D.O.				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 3-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/11/52		24c. NAME OF CEMETERY OR CREMATORY Highland Park		24d. LOCATION (City, town, or county) (State) Kirksville, Mo.	
DATE REC'D BY LOCAL REG. 3-11-52		REGISTRAR'S SIGNATURE Nate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley		ADDRESS Kirksville, Mo	

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville, 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.