No. 300
10.48

FILED OCT 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30941

BIRTH NO. Atchison REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 76

0030
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfax Mo
c. LENGTH OF STAY (in this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fairfax Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution—residence before admission).
a. STATE Mo
b. COUNTY Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock Port Mo
d. STREET ADDRESS (If rural, give location) 0030 0

3. NAME OF DECEASED (Type or Print)
a. (First) May
b. (Middle) Laurna
c. (Last) Osborn

4. DATE OF DEATH (Month) (Day) (Year) Sept 26 - 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan - 14 - 1870
9. AGE (In years last birthday) 83 — If under 1 year: Months 8, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house - wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Iowa
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Andrew Mattice
13b. MOTHER'S MAIDEN NAME Laura Dillon
14. NAME OF HUSBAND OR WIFE Wm Osborn (deceased)

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. No
17. INFORMANT'S SIGNATURE OR NAME Jim Osborn ADDRESS 2424 North 26 - East Omaha Neb

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced arterio-sclerotic
DUE TO (c) cardio vascular disease

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
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* 4/22/53, 19__, *to* 9/26/53, 19__, *that I last saw the deceased alive on* 9/26/53, 19__, *and that death occurred at* 8 45 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C. Niedermeyer MD
23b. ADDRESS Gaskio Mo.
23c. DATE SIGNED 10/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Sept 28/53
24c. NAME OF CEMETERY OR CREMATORY Millsap
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 10/6/1953
REGISTRAR'S SIGNATURE Mabel A. Schooler Dep. Reg. 4-3-0
25. FUNERAL DIRECTOR'S SIGNATURE Bertram Funeral Home — ADDRESS Rock Port Mo

(Licensed Embalmer's Statement on Reverse Side)

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 C. E. Bertram

Licensed Embalmer No. 1764

P. O. Address Rock Port 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.