

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36281

FILED NOV 13 1953

State File No. 30281

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>30281</u>		Registrar's No. <u>221</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>12 hrs</u>		c. CITY OR TOWN <u>Carthage</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route 4</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>			b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>OSBORN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 - 1953</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>March 29-1940</u>		9. AGE (In years last birthday) <u>13</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 RES. HOUR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>high school</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcoxie, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ralph C. Osborn</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Cole</u>			14. NAME OF HUSBAND OR WIFE <u>---</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Osborn, Rte 4, Carthage, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic injury to brain</u> ANTECEDENT CAUSES <u>occurred when struck by</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>truck on highway.</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>13 hours</u>  <u>E-8120</u> <u>25</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SWINGE</u> <u>HOMICIDE</u> <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>public highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion</u> <u>Jasper</u> <u>Mo</u>					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>11-5-53</u> <u>4:20 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>struck by truck</u>					
22. I hereby certify that I attended the deceased from <u>Nov 5</u> , 19 <u>53</u> , to <u>Nov 6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Nov 6</u> , 19 <u>53</u> and that death occurred at <u>5:18 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George H. Wood</u> MD*				23b. ADDRESS <u>Carthage, Mo</u>				23c. DATE SIGNED <u>11-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-8-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoxie, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-7-53</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Cleaton</u> <u>139-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>					

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

RECEIVED NOV 12 1953

Jasper County Health Office

County File Number 53-11-906

Date Filed NOV 13 1953

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.....  
Signature of Student Embalmer

Signed..... Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.