

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7713**

FILED APR 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **4042** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT/001</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LUTESVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>	
c. LENGTH OF STAY (in this place) <b>20 mos.</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BOND NURSING HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JEANETTE</b>	b. (Middle) <b>(NMN)</b>	c. (Last) <b>OSBURN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 20 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2 DEC. 7, 1880</b>	9. AGE (In years last birthday) <b>73</b>	If UNDER 1 YEAR Months <b>3</b> Days <b>13</b>	If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>STONEFORT, ILLINOIS 1.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Webber</b>	13b. MOTHER'S MAIDEN NAME <b>NORA TUCKER</b>	14. NAME OF HUSBAND OR WIFE <b>MATHEW HARPER OSBURN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HARRY OSBURN - DETROIT, MICHIGAN</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Decompensation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Liver</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Previous Hemorrhoids</b>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>5810</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **2/1**, 19**53** to **3/20**, 19**54**, that I last saw the deceased alive on **3/20**, 19**54**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John J. Myers M.D.</b>	23b. ADDRESS <b>Fultonville Mo</b>	23c. DATE SIGNED <b>3/22/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNION PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CHAFFEE (SCOTT) MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>3-23-54</b>	REGISTRAR'S SIGNATURE <b>Willie Van Amburgh</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Bisplinghoff - Chaffee, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Jack J. Burnett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4473*

P. O. Address. *St. Louis, Missouri*

**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.