

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14721

BIRTH NO. _____		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 4538		Registrar's No. 5		
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont		1110		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) Samuel			b. (Middle) Osborn		c. (Last) Osborn			
4. DATE OF DEATH (Month) (Day) (Year) 4 11 54		5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		
8. DATE OF BIRTH Feb. 14, 1865		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright			10b. KIND OF BUSINESS OR INDUSTRY Sawmill		11. BIRTHPLACE (State or foreign country) Marion, Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Osborn			13b. MOTHER'S MAIDEN NAME Anka Veach		14. NAME OF HUSBAND OR WIFE Malinda Rouse			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Osborn Piedmont, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Piedmont Wayne Mo				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 1926 to Sept 11, 1954, that I last saw the deceased alive on Apr 11, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.								
23a. SIGNATURE L. E. Conway, M.D. (Degree or title)				23b. ADDRESS Piedmont Mo		23c. DATE SIGNED 4-12-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/15/54		24c. NAME OF CEMETERY OR CREMATORY Knights of Pythias		24d. LOCATION (City, town, or county) (State) Tranton, Mo.		
DATE REC'D BY LOCAL REG. April 14, 1954		REGISTRAR'S SIGNATURE Hazel Ward 460		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. Lusk Piedmont, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 19 1954

WAYNE CO. HEALTH CENTER

FILE No. 4-14-1954

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Maurice E. Bowler

Licensed Embalmer No. _____

P. O. Address _____

*426
Bedford, Va*

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.