

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18300

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>#67</u>		PRIMARY REG. DIST. NO. <u>5265</u>		Registrar's No. <u>8</u>							
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Christian</u>									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Sparta</u>)		c. LENGTH OF STAY (In this place) <u>68</u>		-c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sparta Mo, R R</u>				e. STREET ADDRESS (If rural, give location) <u>Sparta RR</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Atlas</u>			b. (Middle) _____		c. (Last) <u>Osburn</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov, 5, 1885</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo,</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Thomas G Osburn</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Ann Stubbs</u>				14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm, Osborn, Sparta Mo</u>				ADDRESS _____			
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>Courtesy Hemolysis</u> ANTECEDENT CAUSES <u>arteriosclerosis - recurrent sudden</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>failed by BBB</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>arteriosclerosis, generalized severe</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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 <u>Dec, 1953</u> , to <u>28 June, 1954</u> , that I last saw the deceased alive on <u>20 June, 1954</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>J. D. Roper</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Ozark, Mo</u>		23c. DATE SIGNED <u>2 July 54</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 1, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monger</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>							
DATE REC'D BY LOCAL REG. <u>July 6/54</u>		REGISTRAR'S SIGNATURE <u>Nannie Cap. 5070</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u> ADDRESS <u>Ozark, Mo</u>									

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

(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.....
Signature of Student Embalmer

Signed *T. B. Chaffin*

Licensed Embalmer No. *219*

P. O. Address... *Ozark*

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.