

No. 300
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FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29616**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **168**

1. PLACE OF DEATH
a. COUNTY **Vernon** 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Vernon**

b. CITY (If outside corporate limits, write RURAL and give township) **Nevada** c. LENGTH OF STAY (In this place) **65 Years** c. CITY OR TOWN **Nevada** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Nevada City Hospital** No. STREET ADDRESS (If rural, give location) **507 N. Washington** **10820**

3. NAME OF DECEASED a. (First) **Mary** b. (Middle) _____ c. (Last) **Osborn** 4. DATE OF DEATH (Month) (Day) (Year) **8 24 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed 2** 8. DATE OF BIRTH **3 - 3 - 1878** 9. AGE (In years last birthday) **76** IF UNDER 1 YEAR Months _____ Days _____ 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) **Tyrone County Ireland** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Mathew George** 13b. MOTHER'S MAIDEN NAME **Rachel Walker** 14. NAME OF HUSBAND OR WIFE **Jess Osborn**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Elizabeth Breckenridge** ADDRESS **Nevada,**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **MEDICAL CERTIFICATION**
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma Stomach** INTERVAL BETWEEN ONSET AND DEATH **One year**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS **Hypertension + Chr. Bronchitis** **One year**
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **None** 20. AUTOPSY? YES NO **151X**

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **None** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **No Injury** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Nevada Vernon Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **None** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **No Injury**

22. I hereby certify that I attended the deceased from **Jan 18, 1954**, to **Aug 24, 1954**, that I last saw the deceased alive on **Aug 7, 1954**, and that death occurred at **8:10 AM.**, from the causes and on the date stated above.

23a. SIGNATURE **W. B. Love, M.D.** (Degree or title) 23b. ADDRESS **Nevada, Mo** 23c. DATE SIGNED **Aug 26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8-26-1954** 24c. NAME OF CEMETERY OR CREMATORY **Newton Burial Park - Nevada, Mo.** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **8-9-54** REGISTRAR'S SIGNATURE **Anna S. Ferry** 25. FUNERAL DIRECTOR'S SIGNATURE **Ferry, Pickinger, Funeral Home Nevada Mo** ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 19 1958

SEP 14 1958

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. 502, working under my personal supervision..

Student Francis C. Marsh
Signature of Student Embalmer

Signed Henry F. Melster

Licensed Embalmer No. 4803

P. O. Address Nevada,

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.