

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43120

State File No. ....

Registrar's No. 82

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6138

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

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <b>Rural - Bethel Twp</b> )		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY OR TOWN <b>Rural</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 1/2 Miles East of Bethel, Mo.</b>		STREET ADDRESS (If rural, give location) <b>2 1/2 Mi. E. of Bethel, Mo.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>Elizabeth</b>	c. (Last) <b>Van Osdol</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 11, 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>Married</b>	8. DATE OF BIRTH <b>Sept. 28, 1871</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. 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 <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Knox County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John W. Gibbs</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Arnold</b>	14. NAME OF HUSBAND <del>XXXXXXXX</del> <b>Scott Van Osdol</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Snowda A. Van Osdol</b>	ADDRESS <b>Bethel, Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute congestive heart failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 AM to 10 AM</b>  <b>Dec 4 - Dec 11</b>  <b>Do not know</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b> DUE TO (c) <b>Hypertension &amp; Atherosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Dec. 4, 1954, to Dec. 11, 1954, that I last saw the deceased alive on Dec. 11, 1954 and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Madysa James M.D.</b>	23b. ADDRESS <b>Shelbina, Missouri</b>	23c. DATE SIGNED <b>Dec 13, 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/13/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Prairie</b>	24d. LOCATION (City, town, or county) (State) <b>Shelby County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-17-54</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E. Hayes</b>	ADDRESS <b>Shelbina, Missouri</b>
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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..... *Paul E. Hayes* .....

Licensed Embalmer No..... *44* .....

P. O. Address..... *Shelton,* .....

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.