

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8592**

BIRTH NO.		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 5357		Registrar's No. 42		
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Benton Twn.		c. LENGTH OF STAY (in this place) 63 Yrs.		c. CITY OR TOWN McFall		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. # 1, McFall, Mo.				No. STREET ADDRESS (If rural, give location) Rt. # 1, McFall				
3. NAME OF DECEASED (Type or Print) Anna Arminda Osborn			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH March 13, 1956		(Month)		(Day)		(Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH July 25, 1892		
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (City and State or Foreign Country) Harrison County, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Ashbury A. Osborn		13b. MOTHER'S MAIDEN NAME Laura Spillman		14. NAME OF HUSBAND OR WIFE --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Amanda Brewer, Rt#1, McFall, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unsanitized Peritonitis INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES DUE TO (b) due to perforation of stomach due to DUE TO (c) Gastric carcinoma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 yrs					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 151x					21. ACCIDENT SUICIDE HOMICIDE (Specify)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 A.M. , from the causes and on the date stated above.								
23. SIGNATURE Corona (Degree or title)				23b. ADDRESS Pattonburg, Mo		23c. DATE SIGNED 3/14/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15, 1956		24c. NAME OF CEMETERY OR CREMATORY McFall Cemetery		24d. LOCATION (City, town, or county) (State) McFall, Mo.		
DATE REC'D BY LOCAL REG. 3-24-56		REGISTRAR'S SIGNATURE Vergene M. Engshat		25. FUNERAL DIRECTOR'S SIGNATURE Louis J. ...		ADDRESS Pattonburg, Mo.		

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

9251 MAY 1944

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 *Lawrence J. [Signature]*.....

Licensed Embalmer No.....

P. O. Address

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.