

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8784**

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 219-A
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CAMDEN		
b. CITY OR TOWN SPRINGFIELD		c. CITY OR TOWN MACKS CREEK	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 ST. JOHN'S HOSPITAL		e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) ERVA		b. (Middle) OGETHA	c. (Last) OSBORN	4. DATE OF DEATH (Month) (Day) (Year) MARCH 7, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 4, 1914	9. AGE (In years last birthday) 41
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and State or Foreign Country) Camden County, Missouri	
13a. FATHER'S NAME William O. Varner		13b. MOTHER'S MAIDEN NAME Alta Williams	14. NAME OF HUSBAND OR WIFE Wayne Osborn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Wayne Osborn, Macks Creek, Missouri	
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) (1) Primary Shock (2) Pulmonary Atelectasis ANTECEDENT CAUSES DUE TO (b) Multiple Fractures right chest with Emphysema, subcutaneous DUE TO (c) Probable Fracture Spine II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 3/4 hrs. 1 3/4 hrs 1 3/4 hrs
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy	21c. (CITY, TOWN, OR TOWNSHIP) 1 mile east of Urbana (COUNTY) Mo (STATE) Missouri		
21d. TIME OF INJURY March 7, 1956 7:00p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car skidded on gravel road; thrown out.		
22. I hereby certify that I attended the deceased from March 7, 1956 to March 7, 1956 , that I last saw the deceased alive on March 7, 1956 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE James D. Horton		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 3/7/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-10-1956	24c. NAME OF CEMETERY OR CREMATORY Macks Creek, Cem.	24d. LOCATION (City, town, or county) (State) Camden Co MO	
DATE REC'D BY LOCAL REG. 3-19-56	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Allen W. Vaughan ADDRESS Urbana, Mo		

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

APR 9 1956

APR 17

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 *X Allen W. Vaughan*

Licensed Embalmer No. 4156.....

P. O. Address Urbana, Missouri.....

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.