

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5896 9998
State File No.BIRTH NO. 265 REG. DIST. NO. 264584 PRIMARY REG. DIST. NO. 10 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY OZARK | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OZARK | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOIL R NOBLE | | c. CITY OR TOWN FOIL | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | <u>0770</u> | |

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|---|--|--|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) LOUSINDA b. (Middle) c. (Last) OSBORN | | | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 29 1956 | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | |
| 8. DATE OF BIRTH JUNE 26 1869 | | 9. AGE (in years last birthday) 86 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | | 11. BIRTHPLACE (City and State or Foreign Country) / FLIPPIN ARK. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME GEORGE LANTZ | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE W.W. OSBORN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS DRUCILLA OSBORN FOIL MO. | |

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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH Not known | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Hypertension Arteriosclerosis | | Not known | |
| DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | 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 June, 1955, to 3-29, 1956, that I last saw the deceased alive on 3-10, 1956, and that death occurred 2:20 A.M., from the causes and on the date stated above.

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|--|--|-------------------------------|--|---|--|--|--|
| 23a. SIGNATURE <i>[Signature]</i> | | (Degree or title) MD | | 23b. ADDRESS Mountains Grove MO | | 23c. DATE SIGNED 3/29/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 3 22 1956 | | 24c. NAME OF CEMETERY OR CREMATORY PETERS | | 24d. LOCATION (City, town, or county) (State) FOIL MO. | |

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|--|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 3/31/56 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CLINKINGBEARD FUNERAL HOME AVA MO | |
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(Licensed Embalmer's Statement on Reverse Side)

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

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... *Charles R. Fish*

Licensed Embalmer No. *461*

P. O. Address *Avon, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.