

STANDARD CERTIFICATE OF DEATH

State File **81202**

No. 300

10.48

FILED JUL 5 1956

REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY Marion b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN Hannibal, Missouri c. LENGTH OF STAY (in this place) 6 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls c. CITY OR TOWN Center, Missouri d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) Center, Missouri. 0870	
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3. NAME OF DECEASED a. (First) JAMES b. (Middle) E. c. (Last) OSBORNE (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) June 19, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 7, 1889
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days 12 IF UNDER 12 HRS. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking	
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME James A. Osborne	13b. MOTHER'S MAIDEN NAME Mary Gill	14. NAME OF HUSBAND OR WIFE Phronia King Osborne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Phronia Osborne, Center, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion, acute ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Vascular Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 6 wks.
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 <div style="text-align: right; font-size: 2em; font-weight: bold;">4201</div>	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 May 12, 1956, to June 19, 1956, that I last saw the deceased alive on June 19, 1956, and that death occurred at 7:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Richard Flannery, M.D.</i>	23b. ADDRESS Hannibal, Missouri.	23c. DATE SIGNED 6-21-1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Grndview Cemetery
24d. LOCATION (City, town, or county) (State) Ralls County, Mo.		

DATE REC'D BY LOCAL REG. 6-30-56	REGISTRAR'S SIGNATURE <i>Dr. E. M. Luck</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Charles W. Wier</i> Perry, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

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

89-0

RECEIVED JUL 3 1956
MARION CO. HEALTH DEPT.
DATE FILED JUL 3 1956

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.....
Clyde W. Perry

Licensed Embalmer No..... 3820

P. O. Address..... Perry, Mo

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.