

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21014

FILED SEP 5 1956

STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 304A Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>FREDERICKTOWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>408 E. FRANKLIN</u>			Length of stay in 1b <u>18 YRS</u>	d. STREET ADDRESS (If outside, give location) <u>408 E. FRANKLIN</u>			Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>EDWARD</u> Last <u>OSBORNE</u>			4. DATE OF DEATH Month <u>AUGUST</u> Day <u>14</u> Year <u>1956</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>JAN. 18, 1895</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>36</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCKER - FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MADISON Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOHN THOMAS OSBORNE</u>				14. MOTHER'S MAIDEN NAME <u>SARAH ELLEN MATTHEWS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>487-22-075</u>		17. INFORMANT Address <u>FREDERICKTOWN, MO.</u> <u>MRS. ROYENE OSBORNE</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Duodenum</u> DUE TO (c) <u>which was removed</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>152X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>11 months</u> <u>?</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Sept - 1955</u> , to <u>Aug 14, 56</u> and last saw her <u>him</u> alive on <u>Aug 14, 56</u> . Death occurred at <u>1:30</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>[Signature]</u> M.D.				22b. ADDRESS <u>Fred. [Signature]</u>		22c. DATE SIGNED <u>Aug 17-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>AUG. 17, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>MADISON Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>J. Edanson - FREDERICKTOWN, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>8-20-1956</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

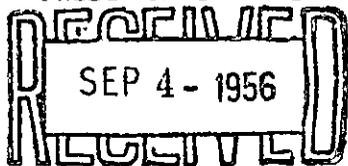
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 956-35

SEP 4
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 Raymond B. Wilson

Licensed Embalmer No. 4887

P. O. Address Fredericktown

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.