

FILED NOV 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36973**

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. LENGTH OF STAY (In this place) 1 da	c. CITY OR TOWN Cassville
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 803 1/2 Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) WILLIAM c. (Last) OSBURN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 15, 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 8, 1888
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plasterer	11. BIRTHPLACE (City and State or Foreign Country) Kansas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY day laborer	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James L. Osburn	13b. MOTHER'S MAIDEN NAME Alice I. Davis	14. NAME OF HUSBAND OR WIFE Cecil Osburn
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. 493-16-254	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Cecil Osburn-Cassville, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination		24 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bleeding Peptic Ulcer		
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 5400	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Nov 15, 1956, to Nov 15, 1956, that I last saw the deceased alive on Nov 15, 1956 and that death occurred at 10:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert P. Worley MD</i>	(Degree of title) MD	23b. ADDRESS Monett, Mo	23c. DATE SIGNED Nov 15 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Cassville, Missouri
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DATE REC'D BY LOCAL REG. 11-21-56	REGISTRAR'S SIGNATURE <i>Mrs P.N. Cook</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G.E. Osburn</i> Calver's Funeral Home-Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

730

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1156-188

DATE REC. 11-26-56

NOV 23 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... *Margaret C. Hembest*

Licensed Embalmer No. 43

P. O. Address... Cassville

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