THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7715
STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 384

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp. #2 — Length of stay in 1b: 45 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Gentry
c. CITY OR TOWN: Albany 0380 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No X

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3. NAME OF DECEASED (Type or print): First SAMUEL Middle Last OSBORN
4. DATE OF DEATH: Month April Day 8 Year 1957
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ✓ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: April 12, 1877
9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Gentry County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: T. J. Osborn
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: State Hosp. #2 Records, St. Joseph, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): chronic myocarditis
19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 April 7, 1957, to April 8, 1957 and last saw her/him alive on April 7, 1957
Death occurred at 12:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R P Price (Degree or title): MD 0
22b. ADDRESS: State Hosp. No 2 St Joseph Mo
22c. DATE SIGNED: Apr. 8, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 4/8/1957
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State): Albany, Missouri

24. FUNERAL DIRECTOR: Heaton-Bowman — ADDRESS: St Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: April 9, 1957
26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3[illegible]

P. O. Address 3/4 [illegible]

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.