

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1038

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No. 133 Primary Registration District No. 4205 Registrar's No. 37

300
1-57

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gilman City</u>		c. CITY OR TOWN <u>Gilman City 0410</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>40 YRS</u>	
3. NAME OF DECEASED (Type or print) First <u>BERTHA</u> Middle <u>ELDORA</u> Last <u>OSBORN</u>		4. DATE OF DEATH Month <u>2</u> Day <u>3</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-18-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when it retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TEACHER</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>15</u> Hours <u>1</u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>DAVIESS Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CORRA OSBORN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SMITH</u>	
14. NAME OF HUSBAND OR WIFE <u>William Merchant</u>		Address <u>Gilman City Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>William Merchant</u>		Address <u>Gilman City Mo</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>Cancer Stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
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) <u>151X</u>			19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>Aug 10-57</u> to <u>2-3-58</u> and last saw her ^{her} _{him} alive on <u>2-3-58</u> . Death occurred at <u>11:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. H. Underwood D.O.</u> (Degree or title) <u>2</u>		22b. ADDRESS <u>Gilman city Mo.</u>	
22c. DATE SIGNED <u>2/5/58</u>			
23a. BURIAL CREATION (Specify) <u>8</u>	23b. DATE <u>2-6-1958</u>	23c. NAME OF CEMETERY OR CREMATORY, <u>MASONIC</u>	23d. LOCATION (City, town, or county) (State) <u>GILMAN CITY MO</u>
24. FUNERAL DIRECTOR <u>W. B. Hume</u> ADDRESS <u>Bethany, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-6-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Bella Maxey</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be traced. All diseases in Part I must be causally related.

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 *MS. Has*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, 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.