Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006558
STATE FILE NUMBER

FILED MAR 6 1959 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Caruthersville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville 63829 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1504 West ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle Henry Last Osby
4. DATE OF DEATH Month Feb Day 21 Year 1959
5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug 2, 1889
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months 6 Days 19 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Texas
12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME Billie Osby
13b. MOTHER'S MAIDEN NAME Fannie ?
14. NAME OF HUSBAND OR WIFE
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. 488-34-5506
17. INFORMANT Neighbors — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown - No foul play - found dead in bed
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) 7453

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Tressie B. Wilke, Registrar
22b. ADDRESS Caruthersville Mo
22c. DATE SIGNED 2-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-25-59
23c. NAME OF CEMETERY OR CREMATORY Holly Grove
23d. LOCATION (City, town, or county) Steele (State) Mo.

24. FUNERAL DIRECTOR John W. Gorman ADDRESS Hayti, Mo
25. DATE RECD. BY LOCAL REG. 2-24-59
26. REGISTRAR'S SIGNATURE Tressie B. Wilke

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 John H. German
Licensed Embalmer No. 4355
P. O. Address Hayti, 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.