

FILED JUN 19 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023255

STATE FILE NUMBER

XC-483438

SL19704

Registration District No.

Primary Registration District No.

Registrar's No. 5365

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.		c. CITY OR TOWN HILLSDALE 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM. HOSPITAL		d. STREET ADDRESS (If outside, give location) 2168 EDMOND	
3. NAME OF DECEASED (Type or print) First Middle Last RUBY OSBORN		4. DATE OF DEATH Month Day Year JUNE 3, 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-23-91
9a. AGE (In years last birthday) 67		9b. IF UNDER 1 YEAR Months Days Hours Min.	9c. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) BEACH GROVE, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME THOMAS OSBORN	
13b. MOTHER'S MAIDEN NAME RACHAEL WALL		14. NAME OF HUSBAND OR WIFE THERESA OSBORN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or (if unknown) (If yes, give war or dates of service)) YES WW-I		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST			INTERVAL BETWEEN ONSET AND DEATH 5 MINUTES
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			541.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PO SUBTOTAL GASTRECTOMY FOR DUODENAL ULCER-PO WOUND INFECTION			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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. Attended the deceased from 4-15-59 to 6-3-59 and last saw him alive on 6-3-59 Death occurred on 6:05 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE BENSON R. WILCOX M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 6-3-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/8/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri
24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, St. Louis, 15, Missouri.		25. DATE RECD. BY LOCAL REG. JUN 5 '59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 *Ralph C. Lenders*

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, 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.