

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036028

FILED VS OCT 19 1959

Registration District No. 441 Primary Registration District No. 3025 Registrar's No. 136

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY HOWELL				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Length of stay in 1b 8 da		c. CITY OR TOWN WEST PLAINS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSP.				d. STREET ADDRESS (If outside, give location) S. S. RTE.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last OAKLEY VERN OSBORN				4. DATE OF DEATH Month Day Year 9-29-59				
5. SEX M		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-9-91		
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) ANDERSON CO., KS.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME T. A. OSBORN			13b. MOTHER'S MAIDEN NAME HESTER ELLIOTT			14. NAME OF HUSBAND OR WIFE LUCY OSBORN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT Address LUCY OSBORN, WEST PLAINS, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Metastatic Cancer Liver							18 mos	
DUE TO (b) Primary not determined								
DUE TO (c) Exploratory Hepatotomy 9/22/59							7 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <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 9-8-59 to 9-29-59 and last saw her alive on 9-29-59 Death occurred at 5:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. S. P. M. B.				22b. ADDRESS West Plains Mo		22c. DATE SIGNED 10-5-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) B		23b. DATE 10-1-59	23c. NAME OF CEMETERY OR CREMATORY LITTLE ZION		23d. LOCATION (City, town, or county) TWIN BRIDGES, MO		(State)	
24. FUNERAL DIRECTOR ADDRESS ROBERTSONS, WEST PLAINS, MO				25. DATE RECD. BY LOCAL REG. 10-12-59		26. REGISTRAR'S SIGNATURE Beatrice Cook		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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



Licensed Embalmer No. 343

P. O. Address West 7th

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.