

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018077

FILED VS. APR 18 1960 354

Primary Registration District No. 6200 Registrar's No. 53

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Morris Twp.		Length of stay in lb 6 mos.		c. CITY OR TOWN Bucyrus		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Lee Parrish Osbourn				4. DATE OF DEATH Month Day Year Mar. 29, 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4-13-73		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during past at working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Huntsville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Moses H.B. Osbourn				13b. MOTHER'S MAIDEN NAME Mary Parrish				14. NAME OF HUSBAND OR WIFE Maggie					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none		17. INFORMANT Moses Osbourn, Bucyrus, Missouri Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute + Extensive Coronary Thrombosis DUE TO (b) Hypertensive arteriosclerosis DUE TO (c) Heart disease grade IV Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
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 s.m. p.m. Month, Day, Year													
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 Jan 15, 1949 to Jan 19, 1955 and last saw him alive on June 10, 1955 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>J. J. Duff</i> (Degree or title)				22b. ADDRESS Houston, Mo				22c. DATE SIGNED 3/3/60					
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 1, 1960		23c. NAME OF CEMETERY OR CREMATORY Dykes Cemetery		23d. LOCATION (City, town, or county) Dykes Texas County, Mo.		(State)					
24. FUNERAL DIRECTOR Raymond E. Duff, Houston, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 4-12-60		26. REGISTRAR'S SIGNATURE <i>Raymond E. Duff</i>							

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.