

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043151

FILED VS NOV 18 1960

294 Primary Registration District No. 3056 Registrar's No. 263

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Length of stay in 1b 2 days	c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Wabash Employes' Hospital INSTITUTION Moberly, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 425 Cleveland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle P. Last OSBORN			4. DATE OF DEATH Month November Day 7 Year 1960				
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 2/8/1895	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR. Company		11. BIRTHPLACE (City and state or country) Fard City Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Pier Point Osborn		13b. MOTHER'S MAIDEN NAME Katherine Beaslin		14. NAME OF HUSBAND OR WIFE Hazel M. Osborn			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War # 1		16. SOCIAL SECURITY NO. 702-05-3906		17. INFORMANT Address Mrs. Hazel M. Osborn Moberly, 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) Bronchogenic Carcinoma of lungs		INTERVAL BETWEEN ONSET AND DEATH Months (?)
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) Arteriosclerotic heart disease with insufficiency		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	
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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 _____ a.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 **November 5, 1960** to **November 7, 1960** and last saw him alive on **November 7, 1960**
Death occurred at **10:15 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. K. McMurtry</i> (Deceased or title)	22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri	22c. DATE SIGNED 11/7/60
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23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial	23b. DATE Nov. 9, 1960	23c. LOCATION (City, town, or county) (State) Sunset Memorial Gardens Moberly, Mo.
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24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo.</i>	25. DATE RECD. BY LOCAL REG. 11-9-60	26. REGISTRAR'S SIGNATURE <i>Reaherlowe</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

NOV 18 1960

NOV 6 8 1960

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 R. M. Carter

Licensed Embalmer No. 4117
P. O. Address Moberly 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.