

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40263

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1373

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2218 Main, Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>		b. (Middle) <u>Lena</u>	
		c. (Last) <u>Osborn</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 17, 1896</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
		10b. KIND OF BUSINESS OR INDUSTRY <u>Seitz Packing Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Kirkham</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Knight</u>	
		14. NAME OF HUSBAND OR WIFE <u>Mervin Osborn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-22-9146</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Mervin Osborn - St. Joseph, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Uterus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Metastases</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Treated w/ Radium + X-ray - no op</u>	
		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>Dec 9, 1949</u> , that I last saw the deceased alive on <u>Dec 9, 1949</u> , and that death occurred at <u>12:20p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. G. Thompson Jr. M.D.</u>		23b. ADDRESS <u>902 Edmund - St. Joseph</u>	
		23c. DATE SIGNED <u>12/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 12, 1949</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 17, 1949</u>		REGISTRAR'S SIGNATURE <u>H. C. Jenkins</u> 382	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Amey Funeral Home - St. Joseph, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed *Charles M. Hasman*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

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 this body is not embalmed, fact should be so stated above.