

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8912

996

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 20 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		2248	
d. FULL NAME OF HOSPITAL OR INSTITUTION 934 WYANDOTTE STREET				d. STREET ADDRESS (If rural, give location) 2753 BENTON BLVD. 2750			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL		b. (Middle) CHARLES		c. (Last) OSSERY		4. DATE OF DEATH (Month) (Day) (Year) MAR. 1 - 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 11 - 1891	
9. AGE (In years last birthday) 58 YEARS		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY BURGER-BAIRD ENGRAVING CO.		11. BIRTHPLACE (State or foreign country) ST. PAUL MINNESOTA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN OSSERY		13b. MOTHER'S MAIDEN NAME EVA GOERR		14. NAME OF HUSBAND OR WIFE MRS. RUTH OSSERY			
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. 486-05-4794		17. INFORMANT'S SIGNATURE OR NAME MRS. RUTH OSSERY		ADDRESS 2753 BENTON BLVD. KANSAS CITY, MO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Fractured Skull ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Rib + Sternum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) unknown		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Burger-Baird Engraving Co.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO			
21d. TIME OF INJURY 3-1-50 9:30 A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell from 7th floor window			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, (that I last saw the deceased alive on _____, 19____, and that death occurred at 9:30 A.m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh N. Owens (Degree or title)				23b. ADDRESS 1034 Benthall Blvd.		23c. DATE SIGNED 3-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE MAR. 3 - 1950		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 3-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed Edward M. Stoney

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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 this body is not embalmed, fact should be so stated above.