

No. 300
10-48

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20383**
2539

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN **Kansas City**
c. LENGTH OF STAY (in this place) **2 weeks**
d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital No. 1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Clay**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Excelsior Springs**
d. STREET ADDRESS (If rural, give location) **820 Old Orchard**

0241

3. NAME OF DECEASED (Type or Print)
a. (First) **Marguerite** b. (Middle) **H.** c. (Last) **Osborn**

4. DATE OF DEATH (Month) (Day) (Year)
6 7 50

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **June 10, 1913**

9. AGE (In years last birthday) **36**
UNDER 1 YEAR Months Days # UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY **housewife**

11. BIRTHPLACE (State or foreign country) **Kansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Ernest Bird**

13b. MOTHER'S MAIDEN NAME **Alexander**

14. NAME OF HUSBAND OR WIFE **H. Dwight Osborn**

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'S SIGNATURE OR NAME ADDRESS **H. Dwight Osborn, Excelsior Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute bacterial endocarditis**
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.

INTERVAL BETWEEN ONSET AND DEATH
43⁰

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 24, 1950**, to **June 7, 1950**, that I last saw the deceased alive on **June 7, 1950**, and that death occurred at **2:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **B. I. Burns**

23b. ADDRESS **24th & Cherry**

23c. DATE SIGNED **6-7-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **6-7-50**

24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) **Excelsior Springs, Missouri**

DATE REC'D BY LOCAL REG. **6-7-50** REGISTRAR'S SIGNATURE **Sheraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STINE & McCLURE UND. CO. KANSAS CITY, MO.**

(Licensed Embalmer's Statement on Reverse Side)

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

R. Berman

JUL 14 1933

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 *May E. Meyer*

Licensed Embalmer No. *42-6-3-*

P. O. Address *13 e md*

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.