

MAILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13058**
1747

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 002		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) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 45 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1227 CAMPBELL	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4227 CAMPBELL				3. NAME OF DECEASED a. (First) JOHN b. (Middle) C. c. (Last) OSBORNE			
4. DATE OF DEATH (Month) (Day) (Year) 4 - 16 - 52		5. SEX M 0		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 20, 1872		9. AGE (In years last birthday) 80		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) Fred Harvey System		10b. KIND OF BUSINESS OR INDUSTRY RESTURANT		11. BIRTHPLACE (City and State or Foreign Country) PENNSYLVANIA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LEANDAR OSBORNE		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE MRS. VIRGINIA OSBORNE			
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. 200-12-7362		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. VIRGINIA OSBORNE - 1227 CAMPBELL			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				DUE TO (b) Hypertension			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Arterio sclerosis -			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				33ix			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1945 to 4/16 , 1952, that I last saw the deceased alive on 4/14 , 1952, and that death occurred at 2-52Am. , from the causes and on the date stated above.							
23a. SIGNATURE Edson C. Carrier (Degree or title) Edson C. Carrier, M.D.				23b. ADDRESS 242 Plaza Med. Bldg		23c. DATE SIGNED 4/16/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 4-18-52		24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 4-16-52		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS KANSAS CITY, MO.	

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

Dr. E. E. Eason
Carrier
Also used
J. T. Crowell
Jan 13 1934

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 _____

J. T. Crowell

Student Embalmer No. 451

working under my personal supervision.

Student *J. T. Crowell*
Student Embalmer

Signed *J. J. Allen*

Licensed Embalmer No. 14135

P. O. Address 14 @ 176

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.