

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

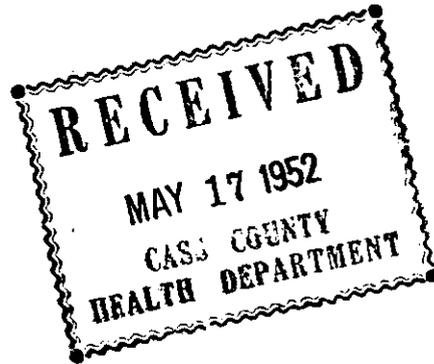
15839

State File No.

FILED MAY 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>			c. LENGTH OF STAY (If this place) <u>22 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville</u>			<u>0191</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>205 W. Pearl.</u>					
3. NAME OF DECEASED (Type or Print) <u>INK ELIZA JANE OSBORN</u>			e. (First)		f. (Middle)		c. (Last)		
4. DATE OF DEATH <u>May 8-1952</u>		(Month)		(Day)		(Year)			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	<u>married</u>	8. DATE OF BIRTH <u>Aug 19-1876</u>		9. AGE (In years last birthday) <u>75</u>	10. UNDER 1 YEAR <u>8</u>	11. UNDER 1 MRS. Hours <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin No. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13a. FATHER'S NAME <u>John Hester.</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Conley</u>			14. NAME OF HUSBAND OR WIFE <u>John Osborn Harrisonville</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.E. Osborn Harrisonville,</u>				ADDRESS <u>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, asthenia, 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 breast with metastasis to lung and brain.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis to lung and brain.</u>					
				DUE TO (c) <u>brain.</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170X</u>						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) (m.)		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>August, 1851</u> , to <u>5-8-</u> , 1952, that I last saw the deceased alive on <u>5-7-</u> , 1952, and that death occurred at <u>ONRA</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward S. Jones</u>				23b. ADDRESS <u>Harrisonville, Mo</u>		23c. DATE SIGNED <u>5-9-52</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>				
DATE REC'D BY LOCAL REG. <u>May 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		EMBALMER'S SIGNATURE <u>Edmond Jones</u>		ADDRESS <u>Harrisonville 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Hoyd Ottumson*.....

Licensed Embalmer No. *3920*.....

P. O. Address *Harrisonville*.....

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.

no