U.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1952

State File No. 28218

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1 002 Registrar's No. 3742

1. PLACE OF DEATH
a. COUNTY: JACKSON 5
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ARMOUR HOME-8100 Wornall Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 393
d. STREET ADDRESS (If rural, give location): ARMOUR HOME -8100 Wornall Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): OSBERN
b. (Middle): H.
c. (Last): PEDEN

4. DATE OF DEATH (Month) (Day) (Year): 8- 19- 52

5. SEX: M O

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 7, 1860

9. AGE (In years last birthday): 91
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): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: self.

11. BIRTHPLACE (City and State or Foreign Country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES PEDEN

13b. MOTHER'S MAIDEN NAME: EUNICE —

14. NAME OF HUSBAND OR WIFE: Lulu Belle Peden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ELIZABETH R. SCHREIBER-8100 Wornall Rd

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

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. Arteriosclerosis — 331X

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* 2-1-, 1950, *to* 8-19-, 1952, *that I last saw the deceased alive on* 8-19, 1952, *and that death occurred at* 855 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Chester L. Lee MD — (Degree or title)

23b. ADDRESS 1740 Brady Trust Bldg KC Mo

23c. DATE SIGNED 8-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 8/21/52

24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH TEMPLE

24d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 8-22-52

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: STINE & MC CLURE KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Chester Lee
Plaza Time Bldg. Je 2 11

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 S J Allen

Licensed Embalmer No. 1415

P. O. Address K C 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.