

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39086

State File No. _____

No. 300
10-48
480
1720

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 2-072 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit 0481	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) 670. Main St	

3. NAME OF DECEASED (Type or Print) a. (First) Minerva b. (Middle) Ann c. (Last) Osborne	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1952
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1869	9. AGE (In years last birthday) 81	# UNDER 1 YEAR Months	YEAR Days	# UNDER 24 HOURS Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Brumley, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME James Lefferies	13b. MOTHER'S MAIDEN NAME Elizabeth Henderson	14. NAME OF HUSBAND OR WIFE W. Osborne
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If positive war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS J. W. Osborne Lee's Summit Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis acute		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rises to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma ascending colon. Foreign body coal of abdominal wall.		

19a. DATE OF OPERATION 11-17-52	19b. MAJOR FINDINGS OF OPERATION Same as #11	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-3, 1952, to 11-21, 1952, that I last saw the deceased alive on 11-20-52, 19, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. G. Hummelstein MD	23b. ADDRESS Independence Mo	23c. DATE SIGNED 21 Nov 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-23/52	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit Mo
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DATE REC'D BY LOCAL REG. NOV. 21, 1952	REGISTRAR'S SIGNATURE 37870 Donald C. Emswiler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Langford Lee's Summit Mo
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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 A. J. Lindley

Licensed Embalmer No. 4827A

P. O. Address Leek Summit

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.