No. 300
10.48

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

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17136

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 598

1. PLACE OF DEATH
a. COUNTY Buchanan 0117 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) most of life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Buchanan 0117 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
d. STREET ADDRESS (If rural, give location) 709½ Prospect Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) ANSLEMN
c. (Last) OSBORN

4. DATE OF DEATH (Month) (Day) (Year) May 21 1953

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /
8. DATE OF BIRTH Aug. 15 1889
9. AGE (In years last birthday) 63 — 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) Ret. Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (City and State or Foreign Country) Andrew County Missouri 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Frank Osborn
13b. MOTHER'S MAIDEN NAME Hepsi Kelly
14. NAME OF HUSBAND OR WIFE Mrs Georgia Osborn

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Georgia Osborn — ADDRESS St. Joseph 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of oesophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Starvation — 3 mo
DUE TO (c) Resection of oesophagus — 2 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar 20-53
19b. MAJOR FINDINGS OF OPERATION Carcinoma of oesophagus 150 X
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* Mar 1, 1953, *to* May 21, 1953, *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 3:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Paul Forgrave MD 0
23b. ADDRESS 420 N8 St Joseph Mo
23c. DATE SIGNED May 28 1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 23, 1953
24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery
24d. LOCATION (City, town, or county) Savannah Missouri (State)

DATE REC'D BY LOCAL REG. May 25, 1953
REGISTRAR'S SIGNATURE Esther M. Allison 485 0
25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home — ADDRESS St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Burnett

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.