

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38323**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>1224</b>			
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>20 years</b>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>1802 S. 20th St.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1802 S. 20th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b>		b. (Middle) <b>E.</b>		c. (Last) <b>Osborn</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 21, 1953</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>December 8, 1888</b>			
9. AGE (In years last birthday) <b>64</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. yard master</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Depot Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Mendon, Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John F. Osborn</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Belle Kenney</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Belle Osborn</b>		ADDRESS <b>St. Joseph, Mo. 1802 S. 20th</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, severe - Cause undetermined -</b> 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. <b>Acute pulmonary edema polycystic kidneys?</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>293X</b>				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) (Min)		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 <b>Nov 21, 1953</b> , to <b>Nov 21, 1953</b> , that I last saw the deceased alive on <b>Nov 21, 1953</b> , and that death occurred at <b>10:35 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Harold J. Buerki MD</b>				23b. ADDRESS <b>St. Joseph, Mo.</b>		23c. DATE SIGNED <b>11-23-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>11/21/1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Nov 25, 1953</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Brown Funeral Home, St. Joseph</b>		ADDRESS <b>St. Joseph, Mo.</b>			

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

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DEC -

**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 \_\_\_\_\_

*Ernest Wood*

Licensed Embalmer No. 3884

P. O. Address 319 So 10th St. Joseph

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.