

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29883

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1066

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH-OF STAY (in this place) 28 yrs.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Leon Nursing Home-624 Prospect		e. STREET ADDRESS (If rural, give location) Ave. 618 N. 24th Street 01170	
3. NAME OF DECEASED (Type or Print) a. (First) Florence b. (Middle) L. c. (Last) Osterhout		4. DATE OF DEATH (Month) (Day) (Year) October 3, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 5, 1875
9. AGE (In years last birthday) 79		10. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Onaga, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Samuel Leinbach	
13b. MOTHER'S MAIDEN NAME Lucy Fulton		14. NAME OF HUSBAND OR WIFE Charles D. Osterhout	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Howard M. Osterhout		ADDRESS Topeka, Kansas.	
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH unk.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis unk.	
DUE TO (c) Senility unk.		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. recurrent cerebral vascular		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION accidents 4200		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)	
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 Sept. 12, 1954, to Oct. 3, 1954, that I last saw the deceased alive on Oct. 2, 1954, and that death occurred at 5:10A m., from the causes and on the date stated above.			
23a. SIGNATURE Martin H. Christ, M.D.		23b. ADDRESS 202 Phys + Surg Bldg St Joseph Mo	
23c. DATE SIGNED 10-5-54		24a. LOCATION (City, town or county) (State) Clay Centre, Kansas.	
24b. DATE October 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24d. DATE REC'D BY LOCAL REG. Oct 7, 1954		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mercerhoffers - Solomon St. Joseph, Mo.	
REGISTRAR'S SIGNATURE Esther M. Allison		483	

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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.....\*\*\*.....\*\*\*\*  
Signature of Student Embalmer

Signed *Robert B. Harrington*  
Licensed Embalmer No. 3258 M

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.