

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16531

State File No. \_\_\_\_\_

FILED MAY 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1905

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>34</u>
c. LENGTH OF STAY (In this place) <u>52 YEARS</u>		No. STREET ADDRESS (If rural, give location) <u>2820 HARRISON STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) <u>NORA</u>	a. (First)	b. (Middle) <u>ALMA</u>	c. (Last) <u>OSBORN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 1, 1892</u>	9. AGE (To years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - NEWS-COPY HOLDER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY STAR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FORT SCOTT KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ELIJAH N. TALLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BATES</u>	14. NAME OF HUSBAND OR WIFE <u>SAMUEL B. OSBORN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-10-4772</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Samuel B. Osborn</u>	ADDRESS <u>2820 Harrison Street K.C. Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMATOSIS</u>		<u>6 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ADENOCARCINOMA OF UTERUS</u> DUE TO (c) _____		<u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PULMONARY EDEMA</u>		<u>1 HOUR</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____	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 July 9, 1954, to April 30, 1956, that I last saw the deceased alive on April 29, 1956, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George K. Landis, M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>1103 Grand Ave. K. C. Mo</u>	23c. DATE SIGNED <u>4/30/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 2 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>5-2-56</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u>	ADDRESS <u>K.C. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

Licensed Embalmer No. 44

P. O. Address *Am*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.