

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34162**

FILED NOV 2 - 1956

Registrator's No. **4474**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrator's No. 4474			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If not in corporate limits, write RURAL and give township) Hawes City 5		c. LENGTH OF STAY (If in place) 5 days		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital				e. STREET ADDRESS (If rural, give location) 8901 Mc GEE STREET				1001	
3. NAME OF DECEASED (Type or Print) a. (First) Perry		b. (Middle) Kemper		c. (Last) Osborne		4. DATE OF DEATH (Month) (Day) (Year) 10 - 12 - 56			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH April 30 1880			
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work unless retired) Doorman		11. BIRTHPLACE (City and State or Foreign Country) Niles, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Osborne		13b. MOTHER'S MAIDEN NAME Mary Ellen Kemper		14. NAME OF HUSBAND OR WIFE Grace H. Osborne					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-16-0634		17. INFORMANT'S SIGNATURE OR NAME Grace H. Osborne ADDRESS 8901 Mc GEE ST. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION							
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephomalacia				INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Thrombus				2 weeks			
		DUE TO (c) arteriosclerosis							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				332X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
19a. DATE OF OPERATION		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 Oct 7 1956 , to 10-12 , 1956, that I last saw the deceased alive on Oct 12 , 1956, and that death occurred at 2:30 PM , from the causes and on the date stated above.									
23a. SIGNATURE Elias E. Zirul D.O.				23b. ADDRESS 4748 Prospect		23c. DATE SIGNED 10/13/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT-15-1956		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 10-15-56		REGISTRAR'S SIGNATURE, Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D. Newman ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.					

(Licensed Embalmer's Statement of Reverse Side)

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.....
Signature of Student Embalmer

Signed.....
Basil V. Honey

Licensed Embalmer No.....
472

P. O. Address.....
K.C., 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.