

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014381
STATE FILE NUMBER
1958

FILED MAY 9 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 8150 a. STATE <u>Kansas</u> b. COUNTY <u>Seneca</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Seneca</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>319 E 9th St</u> Length of stay in lb <u>1 Day</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Leonard</u> Middle <u>H.</u> Last <u>Osterhaus</u>			4. DATE OF DEATH Month <u>4</u> Day <u>16</u> Year <u>58</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 2 1920</u>	9. AGE (In years last birthday) <u>37</u>	10. FUNDER YEAR Months <u>4</u> Days <u>16</u> Hours <u>58</u>	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Seneca Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Edward J. Osterhaus</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Bernebaum</u>	14. NAME OF HUSBAND OR WIFE <u>Abby Rose Osterhaus</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Harold George Love</u> Address <u>Seneca Kansas</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured Skull & Face</u>		INTERVAL BETWEEN ONSET AND DEATH <u>89026 45</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Do not relate to the terminal disease condition given in PART I (a)) <u>Mystery & Suspicion</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Killed as jumped from 3rd story window</u>
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20c. TIME OF INJURY Hour <u>4:30</u> a.m. Month <u>4</u> Day <u>16</u> Year <u>1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hall</u>	20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY <u>Jackson</u> STATE <u>MO</u>
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21. I attended the deceased from _____ to _____ and last saw him/her alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Harold G. Love</u> (Degree or title) <u>3</u>	22b. ADDRESS <u>1034 Pratt Bldg</u>	22c. DATE SIGNED <u>4-16-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>4/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Seneca, Kansas</u>
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24. FUNERAL DIRECTOR <u>Laurey Funeral Home</u> ADDRESS <u>Seneca Kansas</u>	25. DATE RECD. BY LOCAL REG. <u>4-16-58</u>	26. REGISTRAR'S SIGNATURE <u>neve minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

OWNERS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H.

All diseases in Part I must be causally related.
Secondary or near-cause only standard nomenclature in Part 18. No symptoms will be listed.



MAY 15 1958

MAY 8 1958

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 *Seamard Passantier*

Licensed Embalmer No. *45-54*

P. O. Address *K. C. M. U.*

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.