

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040123

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5323

300 /  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6944 Edgevale Rd.</b>		d. STREET ADDRESS (If outside, give location) <b>6944 Edgevale Road</b>	
3. NAME OF DECEASED (Type or print) <b>MRS. HELEN OSBURN</b>		4. DATE OF DEATH Month Day Year <b>November 9, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 22, 1891</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>El Dorado, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Elmer C. Robison</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Fulton</b>	
14. NAME OF HUSBAND OR WIFE <b>Spencer M. Osburn</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>James V. Osburn Tawanda, Kansas</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b> DUE TO (b) <b>Coronary Arteriosclerosis</b> DUE TO (c) <b>Essential Hypertension 10 yrs +</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>10 yrs +</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3hr + ?</b> <b>Years ?</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <b>May 1952</b> to <b>Nov. 9, 1958</b> and last saw her <b>alive on Oct 28, 1958</b> Death occurred at <b>Bethan 127 + 8 am 11/9/58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Joseph E. Welker MD</b> (Degree or title)		22b. ADDRESS <b>836 Prof Bldg, Kansas City Mo</b>	
22c. DATE SIGNED <b>11-10-58</b>		23. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>Nov. 10, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Belle Vista Cemetery</b>	
23d. LOCATION (City, town, or county) <b>El Dorado, Kansas</b>		24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co., k. C., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>11-10-1958</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Joseph E. Welker

11/2/03

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. 5010  
P. O. Address Kansas City, 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.