

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001468

STATE FILE NUMBER

99

FILED JAN 21 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5. 300  
1-57

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  
S. S. Tarson

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 DECEASED (Type or print) <b>Allen Campbell</b>		d. STREET ADDRESS (If outside, give location) <b>4315 Highland</b>	
3. NAME OF DECEASED (Type or print) First <b>Allen</b> Middle <b>-</b> Last <b>Ozburn</b>		4. DATE OF DEATH Month <b>1</b> Day <b>6</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-1-1888</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Cashier</b>		9b. KIND OF BUSINESS OR INDUSTRY <b>BANKING</b>	
9c. FULL NAME OF INSTITUTION (If in institution) <b>Washburn Nursing Home</b>		9d. LENGTH OF STAY IN INSTITUTION <b>8 yrs.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bank Cashier</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BANKING</b>	
11. BIRTHPLACE (City and state or country) <b>Pinckneyville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Ozburn</b>		13b. MOTHER'S MAIDEN NAME <b>Belle Ferguson</b>	
14. NAME OF HUSBAND OR WIFE <b>Fredericka Ozburn</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 <b>Allen S. Ozburn: 7401 Forest K.C., Mo.</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>Cerebro Vasculov Accident</b> DUE TO (b) <b>Arterios-Sclerosis</b> DUE TO (c) <b>Senility</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION <b>Pinckneyville, Illinois</b>		20f. COUNTY STATE	
20g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at <b>945 G. M</b> on <b>Dec 26, 1958</b> , to <b>Jan 6, '59</b> and last saw <b>him</b> alive on <b>Jan 3, 1959</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. S. Tarson, M.D.</b>		22b. ADDRESS <b>3221 1/2 road, K.C. Mo</b>	
22c. DATE SIGNED <b>1-6-59</b>		22d. LOCATION (City, town, or county) (State) <b>Pinckneyville, Illinois</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-7-1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Pinckneyville Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Pinckneyville, Illinois</b>	
24. FUNERAL DIRECTOR <b>Weillert Funeral Homes (S) K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-7-59</b>	
26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			

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 *B. E. Weiland*

Licensed Embalmer No. *4075*  
P. O. Address *K.C.S., 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.