URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-015551

STATE FILE NUMBER

FILED VS APR 25 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1922

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3217 Cleveland — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 482 Tullis — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Wilmer Chester Osborn
4. DATE OF DEATH Month Day Year: 4-3-60
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-31-1895
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Opt. Wire Mill
10b. KIND OF BUSINESS OR INDUSTRY: Sheffield Steel
11. BIRTHPLACE (City and state or country): Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unk
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Winnie Mayfield Osborn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-05-3978
17. INFORMANT Address: Winnie Osborn 482 Tullis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis c̄ brain hemorrhage — 4 Months
DUE TO (c): Senory seizures — 4 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1-1-60, to 4-2-60 and last saw her/him alive on 4-2-60
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Kenneth Adler, D.O. (Degree or title)
22b. ADDRESS: 5811 Truman Rd. K.C. Mo.
22c. DATE SIGNED: 4-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-5-60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
23d. LOCATION (City, town, or county) (State): Kansas City Missouri.
24. FUNERAL DIRECTOR ADDRESS: Sheil Funeral Home K. C. Missouri
25. DATE RECD. BY LOCAL REG.: 4-4-60
26. REGISTRAR'S SIGNATURE: Nera Marshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Kenneth Adler

DOCUMENT

ENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4954

P. O. Address _____

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