

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001767

STATE FILE NUMBER

NOT WRITE THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 224

FILED JAN 28 1963

VS 300
ev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED
1-16-63
1-16-63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
9-4-1907
Duquoin, Illinois

ITEM NO. SHOULD READ
11-4-1907
Pinckneyville, Illinois

DOCUMENT

BY AFFIDAVIT OF Informant
D. Bennett
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>KANSAS CITY</u>		Length of stay in lb <u>23 YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</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>BAPTIST MEMORIAL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>7401 FOREST</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ALLEN</u> Middle <u>S.</u> Last <u>OZBURN</u>			4. DATE OF DEATH Month <u>JANUARY</u> Day <u>11</u> Year <u>1963</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUC.</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>NOV 4-1907</u>	9. AGE (last birthday) <u>55 YEARS</u>	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) <u>INSURANCE AGENCY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>		11. BIRTHPLACE (City and state or country) <u>PINCKNEYVILLE DUQUOIN, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>ALLEN OZBURN</u>			
14. NAME OF HUSBAND OR WIFE <u>MILDRED OZBURN</u>		13b. MOTHER'S MAIDEN NAME <u>FREDERICKA SCHEMBER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>MRS. MILDRED OZBURN 7401 FOREST</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction Acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH <u>18 Days</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 <u>Jan 6 63</u> to <u>Jan 11 63</u> and last saw her alive on <u>Jan 11, 63</u> Death occurred at <u>1145 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			22. SIGNATURE (Degree or title) <u>J. D. Bennett M.D.</u>		
22b. ADDRESS <u>409 E 63rd St K. C. Mo</u>		22c. DATE SIGNED <u>1/12/63</u>			
23a. BURIAL, CREMATION, or other disposition <u>BURIAL</u>		23b. DATE <u>1-14-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		23d. LOCATION (City, town, or county) <u>KANSAS CITY, MISSOURI</u>
24. FUNERAL DIRECTOR <u>MUEHLEBACH, 6800 TROOST AVE.</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-63</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

(Licensed Embalmer's Statement on Reverse Side)

EMERALD STATE COLLEGE

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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 Robert G. Landes

Licensed Embalmer No. 5103

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.