

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28800**  
**4161**

FILED SEP 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>2 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Warwick Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>58 North Thorp</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CORA</b> b. (Middle) <b>B.</b> c. (Last) <b>OSENFORTH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 21, 1953</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>May 13, 1881</b>		9. AGE (In years last birthday) <b>72</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Columbus, Ks.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Barton Kellog</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Mason</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. W. Osenforth</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>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geo. W. Osenforth (husband) K.C. Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Generalized ataxia</b> <b>Sclerotic encephalo-</b> <b>malacia</b> DUE TO (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>  <b>332</b>
---	--	---	--	--	---

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Aug 1, 1953 to Aug 21, 1953, that I last saw the deceased alive on Aug 15, 1953, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23. SIGNATURE J. Warren Manley (Degree or title) <b>J. Warren Manley M.D. MD</b>		23b. ADDRESS <b>6535 Northwood Kansas City, Kansas</b>		23c. DATE SIGNED <b>8/22/53</b>	
24a. BURIAL CREMATION (Specify) <b>burial</b>	24b. DATE <b>8/24/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		

DATE REC'D BY LOCAL REG. <b>8-24-53</b>	REGISTRAR'S SIGNATURE <b>Steldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. A. Butler's Sons K.C. K</b>	
--	--	---	--

USE PREVIOUS EDITIONS OF THIS FORM. MAKE A PERMANENT RECORD.

**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 .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3426 Mo.

P. O. Address Kansas City, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.