

FILED NOV 7 - 1956

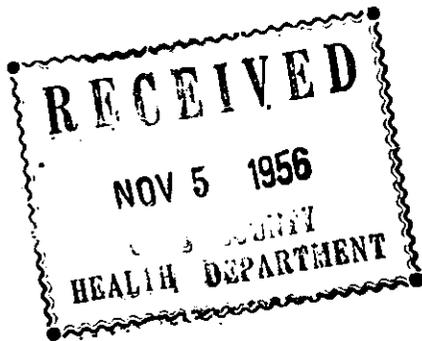
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33381

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4097		Registrar's No. 152	
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville		c. LENGTH OF STAY (in this place) 4 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harrisonville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) 302 E. Chestnut 019/0			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Alice		c. (Last) Osburn		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH 12-28, 1872	
9. AGE (In years, last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lisle (Cass Co.) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Issac Arnold		13b. MOTHER'S MAIDEN NAME Maggie Hocker		14. NAME OF HUSBAND OR WIFE Ulyssis L. Osburn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Chester Long Harrisonville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Expansive gangrene left leg</u>					
		DUE TO (c)					
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) 4501			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>March, 1954</u> , to <u>10-31</u> , 1956, that I last saw the deceased alive on <u>10-31</u> , 1956, and that death occurred at <u>8:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward S. Jones M.D.</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>11-2-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>11/3/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burford Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 3, 1956</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adena Dick, Harrisonville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



285. 0. 0. 10/17

**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 Robert O'Brien

Licensed Embalmer No. 4902

P. O. Address Harmonville, 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 this body is not embalmed, fact should be so stated above.