FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

57 021260
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 001 Registrar's No. 2940

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSPITAL — Length of stay in 1b 114 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS b. COUNTY RILEY
c. CITY OR TOWN GREEN — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 8150 8 (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First MERRITT Middle THOMAS Last OSBOURN

4. DATE OF DEATH Month June Day 22 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 4, 1894
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Riley County, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William A. Osbourn
14. MOTHER'S MAIDEN NAME Rosa Ann ~~Griffin~~ Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 515-36-1193
17. INFORMANT Official VA Hospital Records, K. C. Mo. (Address)

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) Subdural hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of the lower lobe bronchus of the left
DUE TO (c) ~~lung, with metatases~~

INTERVAL BETWEEN ONSET AND DEATH: 163+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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 VA 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 March 1, 1957, to June 22, 1957 XXXXXXXXXXXX
Death occurred at 6:50 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edmond Yunis (Degree or title) M.D.
22b. ADDRESS VA Hospital 4801 Linwood Kansas City, Mo.
22c. DATE SIGNED 6-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-25-57
23c. NAME OF CEMETERY OR CREMATORY Clay Center Cem.
23d. LOCATION (City, town, or county) Clay Center (State) Kansas

24. FUNERAL DIRECTOR Gibson & Son ADDRESS Kansas City Kansas
25. DATE RECD. BY LOCAL REG. 6-24-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Edmond Yunis

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Phil C. Gibson

Licensed Embalmer No. 31

P. O. Address.....

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