

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS FEB 23 1960**

**60-006471**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 679

<b>1. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u>				<b>2. USUAL RESIDENCE</b> (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) OR TOWN <u>KANSAS CITY</u>		Length of stay in 1b <u>16 years</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V A HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7527 OAK</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>RICHARD ARLEIGH OSBORNE</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>February 4, 1960</u>									
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>4-16-33</u>		<b>9. AGE, (last birthday)</b> <u>26</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>		IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Student</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>School</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>					
<b>13a. FATHER'S NAME</b> <u>Arleigh F. Osborne</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Doris Hoffman</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Norma Osborne</u>					
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 6-26-51 to 6-24-55</u>				<b>16. SOCIAL SECURITY NO.</b> <u>481 34 4995</u>		<b>17. INFORMANT</b> <u>VA Hospital Official Records, KC</u> <u>Norma A Osborne, 7527 Oak, K.C. Mo /Mo</u>							
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Embryonal cell carcinoma of testicle with metastases</u>										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____								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			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)													
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/>		<b>SUICIDE</b> <input type="checkbox"/>		<b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ s.m. _____ p.m. _____													
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>				
<b>21. I attended the deceased from</b> <u>January 29, 1960</u> to <u>February 4, 1960</u> <del>and</del> Death occurred at <u>2:25 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
<b>22a. SIGNATURE</b> <u>T.G. Orr, Jr. MD.</u> (Degree or title)						<b>22b. ADDRESS</b> <u>VA Hospital, Kansas City, Mo.</u>				<b>22c. DATE SIGNED</b> <u>2-4-60</u>			
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>2-6-60</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Salem Cemetery</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Jackson County, Missouri</u>						
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Geo. C. Carson &amp; Sons, Independence, Mo.</u>						<b>25. DATE RECD. BY LOCAL REG.</b> <u>2-5-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Newa Minshall</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed W. H. Cantel

Licensed Embalmer No. 5087

P. O. Address Indy, IN

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