

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050850

7164

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 17 1964

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
a. COUNTY Jackson			a. STATE Missouri COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 30 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3016 Harrison - Apt. 226			Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3016 Harrison - Apt. 226	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last ILEENE ANNA OSBORN			Month Day Year 12 30 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-20-99	9. AGE (last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Beloit, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Ward Ellis Bonnifield		13b. MOTHER'S MAIDEN NAME Levenia Reid		14. NAME OF HUSBAND OR WIFE Daniel Osborn	
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. [REDACTED]		17. INFORMANT Address Mr. Frank Bonnifield: 823 South 5th. Salina, Kansas
18. CAUSE OF DEATH (Enter only one cause per line)					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) Acute coronary					
DUE TO (b) _____					
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 1954 to Dec 30, 1963 and last saw her alive on Dec 1, 1963			Death occurred at ? 12/30/63 m on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Don A. Black M.D.			22b. ADDRESS 6400 Prospect K. C. Mo		22c. DATE SIGNED 12/31/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-64	23c. NAME OF CEMETERY OR CREMATORY Brooking Cemetery		23d. LOCATION (City, town, or county) (State) Raytown Jackson Co., Missouri	
24. FUNERAL DIRECTOR ADDRESS WEILERT FUNERAL HOMES(S) K.C., MO.			25. DATE RECD. BY LOCAL REG. 1-2-64	26. REGISTRAR'S SIGNATURE Bessie Smith	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Don A. Black**

USE BLACK INK OR TYPEWRITER RIBBON

0280200

PLATE NO. 100119

ISS. No. - 100119

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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,

as by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack F. Moore

Licensed Embalmer No. 4729

P. O. Address Trumble, 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.

ISS. No. - 100119

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