

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19259  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON, MISSOURI</u>	
c. LENGTH OF STAY (in this place) <u>35 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1309 JINSMAN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SISTERS HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>E.</u> c. (Last) <u>Bosley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> / <u>26</u> / <u>1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>DEC 26 1883</u>		9. AGE (In years last birthday) <u>65</u>		10. IF UNDER 1 YEAR: Days <u>6</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>MERCER County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>GEORGE BOSLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA WILSON</u>	
14. NAME OF HUSBAND OR WIFE <u>GRACE DONALDSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-14-7154</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe Justice</u>		18. ADDRESS <u>1309 JINSMAN</u>			

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, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Descending Colon with metastases to liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153x</u>	
19a. DATE OF OPERATION <u>June 26 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Descending Colon with metastases to liver</u>		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

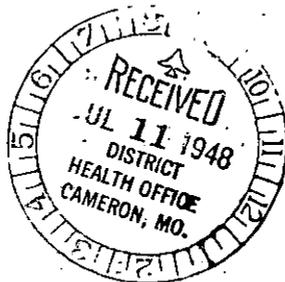
22. I hereby certify that I attended the deceased from Jan 1st, 1949 to June 26th, 1949, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Oliver F. Duffy MD</u>		23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>June 27-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JUNE 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Evans Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Rt. D. Spickard Mo.</u>		24e. NAME OF FUNERAL DIRECTOR <u>J. Gordon Backman</u>		24f. ADDRESS <u>Trenton, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>6/27/1949</u>		REGISTRAR'S SIGNATURE <u>Gene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Gordon Backman</u>	
				ADDRESS <u>Trenton, Mo.</u>	

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

MAR 14 1950



**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

*J. G. Blackmore*

Licensed Embalmer No. 4602

P. O. Address Trenton, Missouri

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.