

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27302

BIRTH NO. _____		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 6655		Registrar's No. 247	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mount Vernon, Mo.		c. LENGTH OF STAY (In this place) 199 da.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mount Vernon, Missouri			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Sanatorium				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Loretta		b. (Middle) Eskew		c. (Last) Bozarth		4. DATE OF DEATH (Month) (Day) (Year) 8 14 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-26-26		9. AGE (In years last birthday) 23	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Enoch Eskew		13b. MOTHER'S MAIDEN NAME Maude M. Stewart		14. NAME OF HUSBAND OR WIFE Larry E. Bozarth			
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 Earl McMichael, Missouri State San. Mt. Vernon, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tbc. ANTECEDENT CAUSES DUE TO (b) Cardiac respiratory failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH over 5 yrs. 5 days. 002X
19a. DATE OF OPERATION 8-10-49		19b. MAJOR FINDINGS OF OPERATION Pul. Tbc Far Adv. with right thoracoplasty and large /left cavity					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) Mount Vernon, Mo. Lawrence Mo.			
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 8-27-49, 1949, to 8-14-1949, that I last saw the deceased alive on 8-14-1949, and that death occurred at 4 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. A. Brubaker M.D.				23b. ADDRESS Mount Vernon, Mo.		23c. DATE SIGNED 8-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/15/49	24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.		24d. LOCATION (City, town, or county) (State) Mt Vernon, Mo.		
DATE REC'D BY LOCAL REG. 8-16-49		REGISTRAR'S SIGNATURE Ceil Hendrick		5. FUNERAL DIRECTOR'S SIGNATURE May J. Fossett		ADDRESS Mt Vernon Mo	

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District Health Office No. 6,

District File Number 849-945

Date Filed 8-18-49

SEP 29 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 Max L. Fournell

Licensed Embalmer No. 4352

P. O. Address Wilmington, N.C.

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.