

FILED MAY 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 12390

BIRTH NO.		REG. DIST. NO. <u>82</u>	PRIMARY REG. DIST. NO. <u>3017</u>	Registrar's No. <u>47</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Cooper</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		
c. LENGTH OF STAY (in this place) <u>All of life</u>		d. STREET ADDRESS (If rural, give location) <u>1304 Fourth St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		(Month) (Day) (Year)
a. (First) <u>Hartzell</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Bozarth</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>August 30th, 1917</u>		9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ice Cream Mart</u>		11. BIRTHPLACE (State or foreign country) <u>Boonville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				
13a. FATHER'S NAME <u>Alvin J. Bozarth</u>		13b. MOTHER'S MAIDEN NAME <u>Isla Rinehart</u>		14. NAME OF HUSBAND OR WIFE <u>Vivien Simmons Bozarth.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alvin J. Bozarth,</u> ADDRESS <u>Noonville, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. - It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES DUE TO (b) <u>nephritis, acute, on -</u>		
		DUE TO (c) <u>Was gassed with falon gas + acetylene toxic gas for several days before final illness</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>590BF</u>
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 <u>4-21</u> , 19 <u>50</u> , to <u>5-1</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-1</u> , 19 <u>50</u> , and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W.E. Stone</u> (Degree or title) <u>O.M.D.</u>		23b. ADDRESS <u>Boonville, Mo</u>		23c. DATE SIGNED <u>5-2-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 3rd 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>May 2 1950</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodman & Boller,</u> ADDRESS <u>Boonville, Missouri.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
10. 480272
0

RECEIVED MAY 8
District Health Officer No. 8,
District File Number _____
Date Filed 5/9/50

FEB 6 1950

AUG 29 1950

MAY 12 1950

DEC 9 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 Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.