

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **67**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Omaha	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 5108 Calif. St.	

3. NAME OF DECEASED (Type or Print) a. (First) Rolla	b. (Middle) W.	c. (Last) Bostwick	4. DATE OF DEATH (Month) (Day) (Year) January 14, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH October 20, 1889	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Division Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY Rail road company	11. BIRTHPLACE (State or foreign country) Atchison, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Bostwick	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE not given
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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 Mrs. James Dunn	ADDRESS 5108 Calif St. Omaha, Neb.
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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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) 4201		
	DUE TO (c) Man became ill while riding in a Pullman from Kansas City to Omaha, Neb.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. He was taken to the Missouri Methodist Hospital and died soon after admittance.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased ~~from~~ ^{through} **from 1/14, 1953**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:56 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 1/14/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 1/14/1953	24c. NAME OF CEMETERY OR CREMATORY Holy Scpulcher Cem.	24d. LOCATION (City, town, or county) (State) Omaha, Nebraska
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DATE REC'D BY LOCAL REG. Jan 22, 1953	REGISTRAR'S SIGNATURE Carl C. Casper	25. FUNERAL DIRECTOR'S SIGNATURE Wenton Bowman	ADDRESS Funeral Home St Joseph, Mo.
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APR 10 1953

JAN 30 1953

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 James B. Hawkins

Licensed Embalmer No. 4531

P. O. Address 319 South 10th St. Grand

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.