S. No. 300
Rev. 10.48

7000

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

FILED JAN 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1765

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prarie
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 7015
d. STREET ADDRESS (If rural, give location): 904 West Truman Road

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle):
c. (Last): Bosier

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 26, 1909
9. AGE (In years last birthday): 43 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY: Electric Co.
11. BIRTHPLACE (State or foreign country): Denver, Colo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Charles Grant
13b. MOTHER'S MAIDEN NAME: Mc Kenzie
14. NAME OF HUSBAND OR WIFE: Earl M. Bosier (Divorced)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-26-5000
17. INFORMANT'S SIGNATURE OR NAME: EARL M. BOSIER, Jr.
ADDRESS: Independence Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH

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. Valvular Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5705
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-12-53, 19___, *to* 1-16-53, 19___, *that I last saw the deceased alive on* 1-15-53, 19___, *and that death occurred at* 7:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Juarez-Reyna, M.D. (Degree or title)
23b. ADDRESS: 1032 Prof. Bldg. K.C. Mo
23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 21, 53
24c. NAME OF CEMETERY OR CREMATORY: Salem
24d. LOCATION (City, town, or county) (State): Jackson County Mo

DATE REC'D BY LOCAL REG.: Jan 21-53
REGISTRAR'S SIGNATURE: D. B. Langford 48B-0
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. E. Carson
ADDRESS: Independence Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Emil W. Halbrook

Signed.....
Student Embalmer

Licensed Embalmer No. 4901

P. O. Address Indep. 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.