

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 20 1953

BIRTH NO. 41044-53 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 780

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>2511 South 11th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marion</b> b. (Middle) <b>Elmer</b> c. (Last) <b>Bozarth, Jr.</b>	4. DATE OF DEATH <b>July 11, 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>July 10, 1953</b>	9. AGE (In years last birthday) <b>1</b>	10. MONTH <b>1</b>	11. DAY <b>1</b>	12. HOUR <b>1</b>	13. MIN. <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Marion E. Bozarth</b>	13b. MOTHER'S MAIDEN NAME <b>Claudia M. Morris</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. M. E. Bozarth, Sr.</b>	ADDRESS <b>2511 S. 11th St. St. Joseph, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory disturbance</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(Type undetermined)</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 7-10, 1953, to 7-11, 1953, that I last saw the deceased alive on 7-11, 1953, and that death occurred at 12:03 p. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Clemens P. ...</b>	(Degree or title)	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>7-13-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/12/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>#6 Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Platte Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 15, 1953</b>	REGISTRAR'S SIGNATURE <b>Leather M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wesley Bowman</b>	ADDRESS <b>Funeral Home St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

*W. Davis, Jr.*

**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 P. Hawkins*

Licensed Embalmer No. 4536

P. O. Address 319 So 10<sup>th</sup> St. S.

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.