

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38480

State File No.

0170

REC'D DEC 1-1953

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 4081 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Bosworth</u>		c. CITY OR TOWN <u>Bosworth</u>	
c. LENGTH OF STAY (In this place) <u>85 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>AGORA</u> b. (Middle) <u>AWILDA</u> c. (Last) <u>HOSLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22-1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 7-1857</u>
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Greenberry Colbert</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Staten</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Clifford Carroll</u> ADDRESS <u>Bosworth, 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>Sensibility</u> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Shoulder</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>017</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 27-1953 11:00 A. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>accidental fall</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:20 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. B. Brown</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bosworth, Mo. 64501</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov. 24-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wharton Cemetery</u>		24d. LOCATION (City, town, or county) (State), <u>Bosworth, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 24-1953</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Leopold Edwards</u>		ADDRESS <u>Bosworth Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *David J. Edwards*.....

Licensed Embalmer No. *3265*.....

P. O. Address *Bowen 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.