

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 10716

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 6148 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor		c. LENGTH OF STAY (in this place)	-c. CITY OR TOWN Bloomfield
d. FULL NAME OF HOSPITAL OR INSTITUTION Car accident-Farm-to-Marketroad		e. STREET ADDRESS (If rural, give location) Route # 2	

3. NAME OF DECEASED (Type or Print) a. (First) HUBERT b. (Middle) LEE c. (Last) BOSTIC			4. DATE OF DEATH (Month) (Day) (Year) Mar. 15, 1955		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1919	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 6	Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto body Repairman	10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (City and State or Foreign Country) Zalma, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Benjamin Bostic	13b. MOTHER'S MAIDEN NAME Cathrine Knuckles	14. NAME OF HUSBAND OR WIFE Dorothy Bostic
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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) Yes World War II	16. SOCIAL SECURITY NO. 720-12-3655	17. INFORMANT'S SIGNATURE OR NAME Dorothy Bostic-Bloomfield, Mo.	ADDRESS R. # 2.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest and possible skull fracture		INTERVAL BETWEEN ONSET AND DEATH Sudden
	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.		E8234 32	

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road	21c. (CITY, TOWN, OR TOWNSHIP) 103 (COUNTY) (STATE) Castor Township, Stoddard, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 15, 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Lost control of automobile he was driving.
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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 **12:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Ray W. Rainey (Degree or title) Coroner	23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 3-15-55
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Mar. 19-55	24c. NAME OF CEMETERY OR CREMATORY Elliott cemetery	24d. LOCATION (City, town, or county) (State) Stoddard Co. Missouri
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DATE REC'D BY LOCAL REG. 3-28-55	REGISTRAR'S SIGNATURE Lein E. Manning	25. FUNERAL DIRECTOR'S SIGNATURE CHILES. UND. CO.	ADDRESS Bloomfield, Mo.
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(Licensed Embalmer) Statement on Reverse Side

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

MAY 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, & or by Lulu Cooper # 3499 ~~Student~~
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Juan C. Cooper
Licensed Embalmer No. 411

P. O. Address Bloomfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.