

FILED APR 26 1955

STANDARD CERTIFICATE OF DEATH

State File No. **12778**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **5891** Registrar's No. **5-**

770

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

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| 1. PLACE OF DEATH a. COUNTY Ozark | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ozark | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural - Bridges Twp | | c. LENGTH OF STAY (in this place) 5 years | c. CITY OR TOWN 0770 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 4 miles East of Gainesville | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) FRANCES b. (Middle) c. (Last) Bozovsky | 4. DATE OF DEATH (Month) (Day) (Year) 4-22-1955 |
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|-----------------|---------------------------|--|--------------------------------------|--|---------------------------|---------------------------|--------------------------|
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 1-25-1890 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 10 MIN. Min. |
|-----------------|---------------------------|--|--------------------------------------|--|---------------------------|---------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY OWN | 11. BIRTHPLACE (City and State or Foreign Country) Yugoslavia 6 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Seller | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Joseph J. Bozovsky |
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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. 495-40-6019 | 17. INFORMANT'S SIGNATURE OR NAME Joseph J. Bozovsky | ADDRESS Gainesville |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion | | 10 Min |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis | | 1 yr or more |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 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 **Apr 1**, 1955, to **Apr 22**, 1955, that I last saw the deceased alive on **Apr 15**, 1955, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) M. J. Hoerman D.D. | 23b. ADDRESS Gainesville Mo. | 23c. DATE SIGNED 4/22/55 |
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| 24a. BURIAL/CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4-23-55 | 24c. NAME OF CEMETERY OR CREMATORY Bohemian National | 24d. LOCATION (City, town, or county) (State) Chicago Illinois |
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| DATE REC'D BY LOCAL REG. 4-25-55 | REGISTRAR'S SIGNATURE Thana Mahan | 25. FUNERAL DIRECTOR'S SIGNATURE W. Clinkingbeard | ADDRESS Gainesville Mo. |
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APR 28 1955

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.....
Signature of Student Embalmer

Signed *John R. Urey*.....

Licensed Embalmer No. *4885*.....

P. O. Address *Quincy, Ill.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.