

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 2 1956

State File No. **33746**

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 5476	Registrar's No. 149
1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Grundy		
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln Township		e. STREET ADDRESS (If rural, give location) Lincoln Township		
3. NAME OF DECEASED (Type or Print) Robert		a. (First)	b. (Middle)	c. (Last) Bosley
4. DATE OF DEATH Oct. 1 1956		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 24 1896
5. SEX Male	6. COLOR OR RACE White	9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edward Bosley		13b. MOTHER'S MAIDEN NAME Kathryn Welch
14. NAME OF HUSBAND OR WIFE Jessie E. Bosley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 488-14-0200
17. INFORMANT'S SIGNATURE OR NAME Jessie E. Bosley		ADDRESS Tindall Mo. Box 122		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the bowel		INTERVAL BETWEEN ONSET AND DEATH About 2 yrs		19a. DATE OF OPERATION Oct 3 1954
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (STATE)
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?
22. I hereby certify that I attended the deceased from Oct. 3, 1954 , to Oct. 1, 1956 , that I last saw the deceased alive on Sept. 30, 1956 , and that death occurred at 1:05 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE B. H. Hüllers M.D.		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 10-1-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3 1956		24c. NAME OF CEMETERY OR CREMATORY Fox Cemetery
24d. LOCATION (City, town, or county) (State) Grundy County Mo.		DATE REC'D BY LOCAL REG. 10-3-56		REGISTRAR'S SIGNATURE Gene Jan
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Schooler Funeral Home Spickard Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 2 1956

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 *Ross Wise*.....

Licensed Embalmer No. *3771*.....

P. O. Address *Spickard*.....

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.