

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8499**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **142** PRIMARY REG. DIST. NO. **5337** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>Howell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, give BURIAL and give town) <b>Peace Valley</b>		c. CITY OR TOWN <b>Peace Valley</b>	
c. LENGTH OF STAY (in this place) <b>32 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Phillip</b> c. (Last) <b>Bosserman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 14, 1957</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Oct. 20, 1867</b>		9. AGE (In years last birthday) <b>89</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Ch. of the Brethren</b>		
11. BIRTHPLACE (City and State or Foreign Country) <b>Hancock Co., Ohio.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>Eleazar Bosserman</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Toma</b>		14. NAME OF HUSBAND OR WIFE <b>Nettie Weimer Bosserman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W.P. Bosserman</b> ADDRESS <b>Peace Valley, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive pneumonia</b>		ANTECEDENT CAUSES		DUPLICATE <b>5 yrs</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>Senility, arteriosclerotic heart disease</b>			
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? <b>Y</b> 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) <b>4200</b>	
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 **Dec. 1956** to **March 1957**, that I last saw the deceased alive on **March 1, 1957**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M.L. Soules</b> (Degree or title) <b>MD</b>			23b. ADDRESS <b>West Plains, Mo.</b>		23c. DATE SIGNED <b>3/16/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Mar. 16, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Peace Valley, Missouri</b>

DATE REC'D BY LOCAL REG. <b>3/20-57</b>		REGISTRAR'S SIGNATURE <b>Laura Mitchell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Jeannerich</b> ADDRESS <b>W. Plains, Mo.</b>	
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(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 .....  
Signature of Student Embalmer

Signed *Hal Thourburgh* .....

Licensed Embalmer No. *3408*

P. O. Address *W. Plains*

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.