

FILED APR 3 1958

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 300

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 01240
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2530 N. Main St.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2530 N. Main
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Stephen Randall Bosco			4. DATE OF DEATH Month Day Year March 23, 1958		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1957	9. AGE (In years last birthday) 9	10. FUNDING YEAR Months Days Hours Min. 9 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME James Bosco	13b. MOTHER'S MAIDEN NAME Catherine Evans	14. NAME OF HUSBAND OR WIFE None
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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.	17. INFORMANT James Bosco, Poplar Bluff, mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatism by fire		INTERVAL BETWEEN ONSET AND DEATH 9160 16
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Home Burning DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) By Home Burning
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20c. TIME OF INJURY Hour Month, Day, Year 3:00 p.m. Mar 23-58	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Poplar Bluff	COUNTY Butler	STATE MO
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 3:00 P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Grover W. Greer, M.D.	(Degree or title) 3	22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 3-26-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-25-58	23c. NAME OF CEMETERY OR CREMATORY City Cem.	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.
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24. FUNERAL DIRECTOR Frank--Cotrell Poplar Bluff, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 3/29/58	26. REGISTRAR'S SIGNATURE G. Minettee
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

RECEIVED

APR 1 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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: *Charles E. Mungli*

Licensed Embalmer No. *4877*

P. O. Address *Peppas Bluff*

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.