

FILED APR 4 1958

Registration District No. 290

Primary Registration District No. 5985

Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pt Leonard Wood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Pt Leonard Wood</b> Inside Limits. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>US Army Hospital</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Lafayette</b> Middle <b>Sebastian</b> Last <b>Boseman</b>	4. DATE OF DEATH Month <b>March</b> Day <b>22</b> Year <b>1958</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>22 March 1958</b>	9. AGE (In years last birthday) F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>9</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and state or country) <b>Pt Leonard Wood, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Lafayette Boseman</b>	13b. MOTHER'S MAIDEN NAME <b>Gloria Partridge</b>	14. NAME OF HUSBAND OR WIFE - - -
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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) <b>No</b>	16. SOCIAL SECURITY NO. - - -	17. INFORMANT <b>Lafayette Boseman</b> Address <b>G-26 Lieber Hgts Ft Leonard Wood, Mo</b>
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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) <b>ASPHYXIA MEDIANOTORUM</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<b>7620</b>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from Death occurred at <b>22 Mar 1958</b> <b>8:20</b> to <b>22 Mar 1958</b> and last saw him alive on <b>22 March 1958</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>J. B. White, M.D.</b>	22b. ADDRESS <b>US Army Hospital Ft Leonard Wood, Missouri</b>	22c. DATE SIGNED <b>24 Mar 58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar 26 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pt. Wood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Pt Leonard Wood Missouri</b>
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24. FUNERAL DIRECTOR <b>Hedges Funeral Home Inc</b>	25. DATE RECD. BY LOCAL REG. <b>3-26-58</b>	REGISTRAR'S SIGNATURE <b>Paula Mae Anderson</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clarence Amos* \_\_\_\_\_

Licensed Embalmer No. *4806*

P. O. Address *Wynessville, Va*

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.