

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024361

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 117

S. 300
v. 1-57

0

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada 10820
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada, Hospital		Length of stay in lb 50 yrs.	d. STREET ADDRESS (If outside, give location) 804 North Main St.
3. NAME OF DECEASED (Type or print) First Middle Last William Forest Bosley			4. DATE OF DEATH Month Day Year May 30 - 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 6, 1883
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months 10 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Jamesport, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Bosley		13b. MOTHER'S MAIDEN NAME Jane Southerland	14. NAME OF SPOUSE OR WIFE Minnie Bosley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO.	17. INFORMANT Address 804 N-Main Mrs. Minnie Bosley, Wife, Nevada, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure, progressive			INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease			unknown
DUE TO (c) Generalized arteriosclerosis			4200 unknown
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 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.)		
20c. TIME OF INJURY Hour Month, Day, Year 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
21. I attended the deceased from May 8, 1958 to May 30, 1958 and last saw him alive on May 30, 1958 Death occurred at Nevada, Mo. 3:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L.P. Moore, M.D.</i> (Degree or title)		22b. ADDRESS Moore Building, Nevada, Mo.	22c. DATE SIGNED 5-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	June 2, 1958	Moore Cemetery	Nevada, Vernon, Missouri
24. FUNERAL DIRECTOR ADDRESS Hays Funeral Service, Inc. Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 6-17-1958	26. REGISTRAR'S SIGNATURE <i>Arnold E. Jerry</i>

JUN 8 4 1958

JUN 24 1958

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 Richard Lee Griffin, Student Embalmer No. 430

working under my personal supervision.

Student

Richard Griffin
Signature of Student Embalmer

Signed

Allen J. Hays

Licensed Embalmer No. 1968.....

P. O. Address Nevada, Mo.

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.