

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037402

STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Fort Leonard Wood		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		Length of stay in 1b ---		d. STREET ADDRESS (If outside, give location) US Army Hospital		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First HANNIBAL Middle MICHAEL Last BOSEMAN				4. DATE OF DEATH Month October Day 29 Year 1958			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 28 Oct 58		9. AGE (In years last birthday) FUNDER 1 YEAR: Months 1 Days 1 Hours 1 Min. 1 IF UNDER 24 HRS.	
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) Ft Leonard Wood, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LaFayette Boseman		13b. MOTHER'S MAIDEN NAME Gloria Partridge		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ----		17. INFORMANT LaFayette Boseman Address Ft Leonard Wood, 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) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity DUE TO (c) 7735 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 4:30 Month, Day, Year 28 Oct 58 a.m. p.m.							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		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 28 Oct 58 to 29 Oct 58 and last saw him alive on 29 Oct 58 Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Edward T. Barker Capt MC (Degree or title)				22b. ADDRESS US Army Hospital Fort Leonard Wood, Mo.		22c. DATE SIGNED 30 Oct 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-3-58		23c. NAME OF CEMETERY OR CREMATORY Post Cemetery		23d. LOCATION (City, town, or country) (State) Ft Leonard Wood Missouri	
24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER		ADDRESS MO 11-1-58		25. DATE RECD. BY LOCAL REG. MO 11-1-58		26. REGISTRAR'S SIGNATURE Paula Mae Anderson	

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 Thross

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.