THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004217
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada, Mo. — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Nevada Hospital — Length of stay in 1b: 3 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada, Missouri — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 324 N-Jefferson St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Henry Middle: Alfred Last: Bosworth
4. DATE OF DEATH: Month 1 Day 20 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Aug.16,1891
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5 Days 4 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad
10b. KIND OF BUSINESS OR INDUSTRY: Sec.Worker
11. BIRTHPLACE (City and state or country): Crawford County,Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Heddings Bosworth
13b. MOTHER'S MAIDEN NAME: Martha L.Ross
14. NAME OF ~~HUSBAND~~ OR WIFE: Inez I.Bosworth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War One
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Inez I.Bosworth,Wife,Nevada,Mo. Address: 324 N-Jefferso

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral vascular accident. — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis & hypertension. — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 331x
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] 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 January 18, 1959 to January 20,59 and last saw him alive on January 20, 1959.
Death occurred at Nevada, Missouri 10:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. P. McCann, M. D.
22b. ADDRESS: Moore Building-Nevada, Missouri
22c. DATE SIGNED: Jan.26,'59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1-23-1959
23c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas

24. FUNERAL DIRECTOR: Hays Funeral Service,Inc. ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 1-28-1959
26. REGISTRAR'S SIGNATURE: Osmal E. Perry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 3 1959

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 Richard L. Griffin

Licensed Embalmer No. 5053

P. O. Address Wheat 16

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.