

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016594  
STATE FILE NUMBER

FILED MAY 18 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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>Community Nursing Home #1</b>		Length of stay in lbs <b>5</b>	yr. STREET ADDRESS (If outside, give location) <b>Don't know</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Jennie Elizabeth Bozarth</b>			4. DATE OF DEATH Month Day Year <b>May 8, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 11, 1872</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>	11. BIRTHPLACE (City and state or country) <b>Green City, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Jonathan Hannah</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Kent</b>		14. NAME OF HUSBAND OR WIFE <b>William O. Bozarth</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>J. R. Hannah, Kirksville, Mo.</b>	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) <b>acute overwhelming toxemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Nephrosclerosis</b>	<b>unknown</b>
	DUE TO (c) <b>Arteriosclerosis</b>	<b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>446X</b>		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 WORK <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 **6-3-58** to **5-8-59** and last saw her alive on **5-8-59**  
Death occurred at **11:27** P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>George H. Scheurer, D.O.</b>	(Degree or title)	22b. ADDRESS <b>Kirksville</b>	22c. DATE SIGNED <b>5-11-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Green Castle, Mo.</b>
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24. FUNERAL DIRECTOR <b>Glenn E. Kenton, Green City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>5-15-1959</b>	26. REGISTRAR'S SIGNATURE <b>Wesley W. Rottloff</b>
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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.

GEORGE H. SCHEURER, D.O.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Karl R. Kent* .....

Licensed Embalmer No. *4689* .....  
P. O. Address *Green City, 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.