RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 5 1959

59-026196

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BOWLING GREEN — Length of stay in 1b: 1YR 7 Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PIKE CO. REST HOME — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: RALLS
c. CITY OR TOWN: PEARL — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: RICHARD Middle: BOZARTH Last:

4. DATE OF DEATH: Month: July Day: 28 Year: 1959

5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: MARCH 30, 1872.
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MONROE CO. MO
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JAMES BOZARTH
13b. MOTHER'S MAIDEN NAME: TILLIE FLETCHER
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: NURSING HOME RECORDS Address: BOWLING GREEN MO.

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 Hemmorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 1958, to 7-28-59 and last saw her/him alive on 7-28-59
Death occurred at 10 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. M. Mathews (Degree or title) M.D.
22b. ADDRESS: Bowling Green Mo
22c. DATE SIGNED: 7-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: July 30, 1959
23c. NAME OF CEMETERY OR CREMATORY: CENTER CEMETERY
23d. LOCATION (City, town, or county) (State): CENTER MISSOURI

24. FUNERAL DIRECTOR ADDRESS: GRACE BANKHEAD, BOWLING GREEN MO
25. DATE RECD. BY LOCAL REG.: 8-1-59
26. REGISTRAR'S SIGNATURE: Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold C. Kirk

Signature of Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Bowling

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.