

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032240

FILED VS OCT 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4566

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 65yrs		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3405 Hardesty			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3405 Hardesty		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First DORA Middle ELNORA Last BOZSIER				4. DATE OF DEATH Month 9 Day 19 Year 59					
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-5-1884	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Eisen Caldwell			13b. MOTHER'S MAIDEN NAME Cynthia Haddock			14. NAME OF HUSBAND OR WIFE Silas E. Bozsier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no			16. SOCIAL SECURITY NO. no		17. INFORMANT Silas E. Bozsier Address 3405 Hardesty				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Arthritis DUE TO (c) Serility						INTERVAL BETWEEN ONSET AND DEATH 9-14-59 6-20-59			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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, a.m. or p.m. Month, Day, Year									
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	
21. I attended the deceased from 6-20-59 to 9-19-59 and last saw her alive on 9-18-59 . Death occurred at 3am on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE W. H. Hough Sr., M.D. (Degree or title)				22b. ADDRESS 2204 E 18th			22c. DATE SIGNED 9-21-59		
23a. BURIAL, CREMATION, etc. (Specify) Burial		23b. DATE 9-22-59	23c. NAME OF CEMETERY OR CREMATORY Lincoln		23d. LOCATION (City, town, or county) Kansas City		(State) Mo.		
24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 18th Benton ADDRESS			25. DATE RECD. BY LOCAL REG. 9-21-59		26. REGISTRAR'S SIGNATURE New Marshall				

DOCUMENT

BY AFFIDAVIT OF PUBLICATION, Sr. 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Bruce R. Wattani

Licensed Embalmer No. 4523

P. O. Address 1st St

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.