

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 27 1959

59-035764

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 95

UNINDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Gentry</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STANBERRY</u>		Length of stay in 1b <u>39y.</u>		c. CITY OR TOWN <u>Stanberry</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>LESTER HARLEY BOZARTH</u>				4. DATE OF DEATH Month Day Year <u>OCTOBER 15-1959</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>23 Sept 1901</u>	9. AGE (last birthday) <u>58</u>	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) <u>Industrial</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Industrial</u>		11. BIRTHPLACE (City and state or country) <u>DAVIESS County, U.S.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>IRA BOZARTH</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA Rhodes</u>		14. NAME OF HUSBAND OR WIFE <u>LIZZIE Bozarth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-18-7953</u>		17. INFORMANT Address <u>Walter Willis, Stanberry Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>						<u>1 1/2 hrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____							
DUE TO (c) <u>Bronchial Asthma</u>						<u>2 yrs</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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							
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 <u>Aug-1958</u> to <u>Oct-15-1959</u> and last saw him ^{her} alive on <u>Oct-15-1959</u>							
Death occurred at <u>7:00 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. J. Milligan DO</u>				22b. ADDRESS <u>Stanberry, Mo.</u>		22c. DATE SIGNED <u>10-16-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>18 Oct. 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Davies County Missouri</u>		
24. FUNERAL DIRECTOR <u>H. A. Peterson, Pottsburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 19 1959</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 27 1959 SA

APR 21 1980

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

Harvey Allen Robinson

Licensed Embalmer No. 5075

P. O. Address

Patterson, 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.