URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

60-069698

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 4544 Registrar's No. 12

NDED

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: NIANGUA TWP. — Length of stay in 1b: 4 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: JOHN Middle: EDWARD Last: BOSWELL

4. DATE OF DEATH Month: FEB Day: 14 Year: 1960

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-29-1887
9. AGE (last birthday): 72
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): RET MILLER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: EDWARD BOSWELL
13b. MOTHER'S MAIDEN NAME: LIZZIE CRUTSINGER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 497-30-2878
17. INFORMANT: JAMES BOSWELL Address: LEBANON 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): BRONCHOPNEUMONIA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL THROMBOSIS
DUE TO (c): ARTERIOSCLEROSIS
INTERVAL BETWEEN ONSET AND DEATH

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

BY AFFIDAVIT OF

DID NOT ATTEND — COUNTY PUBLIC HEALTH OFFICER

21. I attended the deceased from ____ to ____ and last saw him alive on ____
Death occurred at 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title): MD.
22b. ADDRESS: Marshfield, Mo.
22c. DATE SIGNED: 2/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 2-17-1960
23c. NAME OF CEMETERY OR CREMATORY: CITY
23d. LOCATION (City, town, or county) (State): WILLOW SPRINGS MO

24. FUNERAL DIRECTOR ADDRESS: BARBER-EDWARDS MARSHFIELD
25. DATE RECD. BY LOCAL REG.: 2-16-60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

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 George Stapp

Signature of Student Embalmer

Licensed Embalmer No. 3161

P. O. Address Mt Rome

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