

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016178

FILED VS. MAY 4 1960

Primary Registration District No. 4322

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Grundy			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Length of stay in 1b 5 days		c. CITY OR TOWN Spickard		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Osteo. Hosp.		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Icelona Middle Bosley Last Bosley				4. DATE OF DEATH Month April Day 26 Year 1960			
5. SEX Female	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1-9-1883	9. AGE (last birthday) 77	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) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Mercer Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Barnes			13b. MOTHER'S MAIDEN NAME Susan Austin		14. NAME OF HUSBAND OR WIFE Clifford J. Bosley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Clifford Bosley Spickard Mo. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Aortic regurgitation DUE TO (c) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 5 days 20 years 20 yrs.	
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 1949 to 4-26-60 and last saw her/him alive on 4-26-60 Death occurred at 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Byron F. Axtell DO.			
22b. ADDRESS Princeton, Mo.				22c. DATE SIGNED 4-28-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-29-1960		23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Spickard Mo.	
24. FUNERAL DIRECTOR Schooler Funeral Home Spickard Mo.				25. DATE RECD. BY LOCAL REG. 4-28-60		26. REGISTRAR'S SIGNATURE Paul M. ...	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard M

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.