MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-042405

FILED VS NOV 16 1960

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 243

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sni- Bar
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pink Hill Rd.E.of Ind.
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 520 S. Main St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CLAUD Middle: LEON Last: BOSTWICK
4. DATE OF DEATH: Month Nov. Day 13 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec.15,1886
9. AGE (last birthday): 73
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Jackson Co.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Admiral Bostwick
13b. MOTHER'S MAIDEN NAME: Lucy Johnson
14. NAME OF HUSBAND OR WIFE: Mary
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.: 490-42-6108
17. INFORMANT: Mary Bostwick Address: Indep.,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): Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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
21. I attended the deceased from ___, to ___ and last saw her/him alive on ___
Death occurred at ___ on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Joseph A. Owens Coroner
22b. ADDRESS: 152 Union Station
22c. DATE SIGNED: 11-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov.15,1960
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn
23d. LOCATION (City, town, or county) (State): Independence, Mo.
24. FUNERAL DIRECTOR: OTT & MITCHELL ADDRESS: INDEP.MO.
25. DATE RECD. BY LOCAL REG.: 11-14-60
26. REGISTRAR'S SIGNATURE: M B Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JAN 31 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Henry G. Mitch

Signature of Student Embalmer

Licensed Embalmer No. 39

P. O. Address Indep

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