

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039350

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. 565.9 Registrar's No. 96

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 7 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Canton Twp.</u>		c. CITY OR TOWN <u>Canton</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway No. 61</u>		d. STREET ADDRESS (If outside, give location) <u>520 Donaldson St.</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Evelyn G. Bozarth</u>			4. DATE OF DEATH Month Day Year <u>October 26, 1962</u>		
5. SEX <u>Female</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>Nov. 10, 1910</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lewis County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>J.W. Glisan</u>		13b. MOTHER'S MAIDEN NAME <u>Nimmie Dunlap</u>	
14. NAME OF HUSBAND OR WIFE <u>Lloyd 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.	
17. INFORMANT <u>Lloyd Bozarth, Canton, Mo.</u>		17. ADDRESS			

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Broken Neck, head and internal injuries INTERVAL BETWEEN ONSET AND DEATH Instant

DUE TO (b) Auto and truck collision

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto and truck collision on highway</u>	
20c. TIME OF INJURY Hour <u>11:45</u> a.m. Month, Day, Year <u>Oct. 26, 62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Canton township Lewis Co. Mo.</u>		20g. COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			

21. SIGNATURE (Degree or title) <u>Earl H. Buckley, Coroner</u>	22b. ADDRESS <u>Canton, Missouri</u>	22c. DATE SIGNED <u>10-27-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 29, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ewing Cemetery</u>
23d. LOCATION (City, town, or county) (State) <u>Ewing, Lewis Co. Mo.</u>		

24. FUNERAL DIRECTOR <u>Earl H. Buckley, Canton, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-2-'62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>
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NOV 21 1962

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 Earl A. Buckley

Licensed Embalmer No. 7615

P. O. Address Canton, 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.