

S. No. 300
 10. 48
 APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12468

State File No.

310
 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4159 Registrar's No. 30

| | | | | | |
|---|-------------------------------|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Davies</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonburg, Mo.</u> | | c. LENGTH OF STAY (in this place) <u>70 Yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pattonburg, Mo.</u> <u>1310</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nella</u> b. (Middle) <u>Mae</u> c. (Last) <u>Bozarth</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 52</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>May 17, 1876</u> | 9. AGE (In years last birthday) <u>75</u> | # UNDER 1 YEAR Months <u>0</u> # UNDER 1 WEEK Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Samuel 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>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. F. Olson</u> | | ADDRESS <u>Grand Island Neb</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>481x</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>✓</u> | |
| 22. I hereby certify that I attended the deceased from <u>Apr 9, 1952</u> , to <u>Apr 13, 1952</u> , that I last saw the deceased alive on <u>Apr 13, 1952</u> , and that death occurred at <u>3:30 Pm.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>J. S. Baumgardner D.O.</u> (Degree or title) <u>✓</u> | | 23b. ADDRESS <u>Box 88 Coffey, Mo.</u> | | 23c. DATE SIGNED <u>4/14/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-16-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Muddy Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Pattonburg, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Regina M. Engelbert</u> | | ADDRESS <u>Pattonburg, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-21-52</u> | | REGISTRAR'S SIGNATURE <u>81-0</u> | | | |

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 _____
Student Embalmer

Signed *Louis Zuehl*

Licensed Embalmer No. *4096*

P. O. Address *Pattersonburg, Md.*

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 this body is not embalmed, fact should be so stated above.