

Call 4153

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. No. 300
v. 10-48

FILED MAR 30 1953

State File No.

1105
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH DATE MAR 20 1856 REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>33 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1401 Walnut St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LaDORA</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>BOZARTH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 14, 1856</u>
9. AGE (In years last birthday) <u>96</u>	# UNDER 1 YEAR Months Days	# UNDER 12 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Howard Haven Richardson</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa C. Wright</u>	14. NAME OF HUSBAND OR WIFE <u>James David Bozarth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. N.W. Burton, Columbia, Missouri.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture, rt. hip</u> DUE TO (c)		<u>10 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>3-20-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture rt hip 118 E 9040</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Columbia Boone Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 18 53</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>	
22. I hereby certify that I attended the deceased from <u>3-20</u> , 19 <u>53</u> to <u>3-26</u> 19 <u>53</u> , that I last saw the deceased alive on <u>3-25</u> , 19 <u>53</u> and that death occurred at <u>12:45 A.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roland Pederson MD</u> (Degree or title)		23b. ADDRESS <u>1610 10th St. Columbia</u>	
23c. DATE SIGNED <u>3-27-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 29, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clifton Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clifton Hill, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar. 27, 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parker Funeral Service Columbia Mo.</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 Frank L. Loring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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 this body is not embalmed, fact should be so stated above.