No. 300
10.48

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

651

State File No.

BIRTH NO. REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 5275 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: CLARK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Des Moines Tp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: Clark
c. CITY OR TOWN: Wayland, Mo
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 0230 D

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Wayland
c. (Last): Bostic

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19" 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Dec. 17" 1867
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Saline County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jeramih A. Wayland
13b. MOTHER'S MAIDEN NAME: Margaret Davis
14. NAME OF HUSBAND OR WIFE: George M. Bostic

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Dale Hagerman, Wayland Mo

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): Senility, (Old Age)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Aretrial Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/8" *19* 56, *to* 1/19" 56, *19*____, *that I last saw the deceased alive on* 1/14" *19* 56, *and that death occurred at* 10-20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. P. Bridges M.D.
23b. ADDRESS: Kahoka, Missouri
23c. DATE SIGNED: 1/23 - 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 1/22" 56
24c. NAME OF CEMETERY OR CREMATORY: Kahoka, Missouri
24d. LOCATION (City, town, or county) (State): Kahoka, Mo

DATE REC'D BY LOCAL REG.: 1/23-56
REGISTRAR'S SIGNATURE: J. P. Bridges M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: A. J. Kirches, Wayland, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 22 1957

5 1957

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. T. Kirchert

Licensed Embalmer No. 26

P. O. Address Wayland

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