

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2387

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Moberly</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1110 N. Morley</u> Length of stay in lb <u>11 years</u>				d. STREET ADDRESS (If outside, give location) <u>1022 N. Morley</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>DANNY ROY BOZARTH</u> First Middle Last				4. DATE OF DEATH <u>January 27 - 1957</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July - 16 - 1943</u>	
9. AGE (In years last birthday) <u>13</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student Junior High</u>		100. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Michigan City, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>Roy Marshall Bozarth</u>			
14. MOTHER'S MAIDEN NAME <u>Lula Ellen Shaw</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 <u>Mrs. Roy M. Bozarth Moberly, Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive hemorrhage</u> DUE TO (b) <u>Accidental Shotgun wound to Ant. Neck Instantly</u> DUE TO (c) <u>9190</u> CONDITIONS; if any, which gave rise to above cause: (a), stating the underlying cause: last.						INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>19</u>						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 into Part I or Part II of item 18.) <u>While being shown how to load breach loading double barrel shotgun accidentally discharged</u>				
20c. TIME OF INJURY Hour <u>a. m.</u> Month <u>Jan.</u> Day <u>27</u> Year <u>1957</u>			20d. PLACE OF INJURY (e. g.; in or about home, farm, factory, street, office bldg., etc.) <u>Home of mother</u>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <u>Moberly</u> COUNTY <u>Randolph</u> STATE <u>Missouri</u>				
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at: <u>11:25 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. J. J. Jolly</u> (Degree or title)			22b. ADDRESS <u>Moberly Missouri</u>		22c. DATE SIGNED <u>1-29-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>Jan - 30 - 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>	
24. FUNERAL DIRECTOR <u>Cater Funeral Home Moberly, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>1-30-57</u>		26. REGISTRAR'S SIGNATURE <u>Leah Lowe</u>		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *R. M. Carter*

Licensed Embalmer No. *411*

P. O. Address *Moberly*

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