

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031974

STATE FILE NUMBER

468

FILED SEP 30 1958 Registration District No. 53 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		c. CITY OR TOWN <i>Gornfeld</i>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cape Osteopathic</i>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <i>MARTHA</i> Middle <i>PETRONELLA</i> Last <i>BOSTWICK</i>		4. DATE OF DEATH Month <i>Sept</i> Day <i>17</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 4, 1876</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (City and state or country) <i>WETSINGE, HOLLAND</i>	
13a. FATHER'S NAME <i>Deunis Stollinga</i>		14. NAME OF HUSBAND OR WIFE <i>Harry C. Bostwick</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>H.C. Bostwick</i> Address <i>Illmo, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Malnutrition</i> DUE TO (b) <i>Smility</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
20a. ACCIDENT <input 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.) <i>2865</i>	
20c. TIME OF INJURY Hour a.m. p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <i>Sept 9, 1958</i> to <i>Sept 17, 1958</i> and last saw her alive on <i>Sept 17, 1958</i> Death occurred at <i>11:40 P.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>George W. England R.O.</i>		22b. ADDRESS <i>46 N Main Cape Girardeau Mo</i>	
22c. DATE SIGNED <i>Sept 20, 1958</i>		22d. ADDRESS (State)	
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <i>9/20/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Lightner Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Illmo, Missouri</i>	
24. FUNERAL DIRECTOR <i>Buplinghoff General Home</i>		25. DATE RECD. BY LOCAL REG. <i>Sept. 26 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. Homer Cooper</i>			

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

AUG 9 1968

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 *Oliver C. Smith*

Licensed Embalmer No. *4470*

P. O. Address *Olens, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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