

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039243

STATE FILE NUMBER

FILED NOV 7 1958

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 4931

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3606 N. Cherry Life.</i>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <i>3606 N. Cherry</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Albert</i> Middle <i>T.</i> Last <i>Bossert</i>			4. DATE OF DEATH Month <i>Oct</i> Day <i>18</i> Year <i>1958</i>
5. SEX <i>Male</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>Nov. 26 1906</i>
9. AGE (In years last birthday) <i>52.5</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>owner Bossert OX</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Serv. Station</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		13a. FATHER'S NAME <i>Albert T. Bossert</i>	
13b. MOTHER'S MAIDEN NAME <i>Elizabeth Sherman</i>		14. NAME OF HUSBAND OR WIFE <i>Della Bossert</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>		16. SOCIAL SECURITY NO. <i>486-05-1478</i>	17. INFORMANT Address <i>Mrs. Della Bossert 3606 N. Cherry</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>Bronchogenic carcinoma of lung</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>4-5-58</i> to <i>10-18-58</i> and last saw her alive on <i>10-18-58</i> Death occurred at <i>100 m</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.E. Mc Cormick</i> (Degree or title) <i>John B. Withrow</i>		22b. ADDRESS <i>4030 N. Oak, Kansas City, Mo</i>	22c. DATE SIGNED <i>10-20-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10/20/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>White Chapel Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Clay Co. Mo</i>
24. FUNERAL DIRECTOR <i>D. W. Neuconia</i> ADDRESS <i>Law N. KC</i>		25. DATE RECD. BY LOCAL REG. <i>10-20-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

All of these parts of Part I must be causally related.
J. E. Mc Cormick
John B. Withrow

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Glenn H. Hill*

Licensed Embalmer No. *45-86*

P. O. Address *Ke 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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