

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

00-000252

STATE FILE NUMBER

JAN 12 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 18

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 708 N. 4th St.		Length of stay in 1b 15 years	d. STREET ADDRESS (If outside, give location) 708 N. 4th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET BOSTWICK			4. DATE OF DEATH Month Day Year Jan. 2, 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28, 1884		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Savannah, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George L. Bostwick		13b. MOTHER'S MAIDEN NAME Sally Coale		14. NAME OF HUSBAND OR WIFE Mrs. Mollie M. McKnight, Savannah, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 491-30-9792	17. INFORMANT Address Mrs. Mollie M. McKnight, Savannah, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) ESSENTIAL HYPERTENSION DUE TO (c) UNIC. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331K					INTERVAL BETWEEN ONSET AND DEATH 10 MIN.
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 Death occurred at <u>8:00 July 22, 1954</u> to <u>Jan 2, 1959</u> and last saw her alive on <u>Dec. 29, 1958</u> <u>A</u> On the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u> (Degree or title)			22b. ADDRESS <u>1302 Farney St. Joseph</u>		22c. DATE SIGNED <u>1-5-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 1/5/1959	23c. NAME OF CEMETERY OR CREMATORY Long Branch Cemetery		23d. LOCATION (City, town, or county) (State) Andrew County Missouri
24. FUNERAL DIRECTOR <u>Heaton-Bowman</u>		ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. <u>Jan 8, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Wm. Clark Standell</u>

All diseases in Part I must be causally related.

DR. J. H. PIPER USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *David W. Smith*

Licensed Embalmer No. *3927*

P. O. Address *St. Joseph, 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.