RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-025570

STATE FILE NUMBER

FILED VS AUG 4 1959

Registration District No. 4196 Primary Registration District No. 5568 Registrar's No. 337

ED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b 49 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 136 So. Arlington — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 22, — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 136 So. Arlington — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First JOSEPH Middle A. Last BOSCH

4. DATE OF DEATH Month July Day 28, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-1-1892

9. AGE (last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Carpentry

11. BIRTHPLACE (City and state or country) Leavenworth, Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Bosch

13b. MOTHER'S MAIDEN NAME Mary Swink

14. NAME OF HUSBAND OR WIFE Lily Bosch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 487-05-9299

17. INFORMANT Address Mrs. Lily Bosch, 136 So. Arlington, K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Deputy Coroner

22b. ADDRESS 6627 Prospect Ave

22c. DATE SIGNED 7-28-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-30-59

23c. NAME OF CEMETERY OR CREMATORY De Witt Cemetery

23d. LOCATION (City, town, or county) (State) De Witt, Missouri

24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.

25. DATE RECD. BY LOCAL REG. 7-30-59

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Raymond F. Lo

Licensed Embalmer No. 4266

P. O. Address Independen

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