

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20716

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Island</u> <u>8170</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1841 First st.</u> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R I Festus</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>August</u> b. (Middle) <u>Lavern</u> c. (Last) <u>DeLoose, Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-50</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 13, 1934</u>
9. AGE (In years last birthday) <u>16</u>	if UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	if UNDER 4 HRS. Hours <u>0</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Rock Island, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>August L DeLoose sr</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Glosaback</u>	14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Glen Heiney Festus R1, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRAIN INJURY AND CHEST INJURY</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 9/12/1</u> <u>3</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FESTUS JEFFERSON MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>JUNE 13 1950 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>TRACTOR TURNING OVER</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to <u>JUNE 13, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Daniel J. Maher, M.D.</u>		23b. ADDRESS <u>Rock Island, Mo.</u>	23c. DATE SIGNED <u>6/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>don't know</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Island Ill.</u>
DATE REC'D BY LOCAL REG. <u>6/15/50</u>	REGISTRAR'S SIGNATURE <u>James Belleville</u> <u>142</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>First Funeral Parlor Festus, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500-1

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 6-24-50

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
Student Embalmer

Signed

E. E. Antoine

Licensed Embalmer No.

3403

P. O. Address

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