No. 300
10.48

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

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24405

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond 0891
d. STREET ADDRESS (If rural, give location): 209 Farris

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): Lozier

4. DATE OF DEATH (Month) (Day) (Year): July 31 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 21 1884
9. AGE (In years last birthday): 65 — If under 1 year: Months 10, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): near Braymer, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William P. Milligan
13b. MOTHER'S MAIDEN NAME: Sarah Powell
14. NAME OF HUSBAND OR WIFE: Osymn L. Lozier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mitchell Lozier
ADDRESS: Kansas City Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastasis to bone & lungs — 2 yrs.

DUE TO (c) DX

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Internal hemorrage — 1 hour

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 2 *19*50*, to* July 31 *, 19*50*; that I last saw the deceased alive on* July 31 *, 19*50*, and that death occurred at* 4:20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr. E.O. Reeves MD DO (Degree or title)
23b. ADDRESS: Richmond Mo.
23c. DATE SIGNED: 8/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Aug. 1 1950
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): Ray Co. Mo.

DATE REC'D BY LOCAL REG.: Aug. 1 1950
REGISTRAR'S SIGNATURE: Mabel Jackson 278
25. FUNERAL DIRECTOR'S SIGNATURE: Quest Funeral Home
ADDRESS: Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 7 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 George D Lile

Licensed Embalmer No. 4066

P. O. Address Richmond Mission

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.