

No. 300  
10. 48

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32971

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 424 Registrar's No. 48

|   |   |   |   |
|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clark</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka Mo. 0231</u>                                       |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>  |   | d. STREET ADDRESS (If rural, give location) <u>572 E. Main St.</u>  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Sherman</u> b. (Middle) <u>William</u> c. (Last) <u>Lozey</u>  |   |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-15-1950</u>              |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>W.</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   | 8. DATE OF BIRTH <u>May 2-1867</u>                                    |
| 9. AGE (In years last birthday) <u>83</u>   |   | 10. MONTHS <u>8</u> DAYS <u>3</u> HOURS <u>0</u> MIN. <u>0</u>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  | 11. BIRTHPLACE (State or foreign country) <u>Mark Iowa</u>  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>                             |
| 13a. FATHER'S NAME <u>William Lozey</u>   | 13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>  | 14. NAME OF HUSBAND OR WIFE <u>Anna Martha Mills</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>  | 16. SOCIAL SECURITY NO. <u>✓</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Orris Lozey Ashton Mo.</u>   |   |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a); (b); and (c).<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                            | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |   | INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>                       |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Dementia</u> |   |   |
|   | DUE TO (c) _____  |   |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | 331X  |   |
| 19a. DATE OF OPERATION _____  | 19b. MAJOR FINDINGS OF OPERATION _____  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 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) (Minute) _____  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR? _____  |   |
| 22. I hereby certify that I attended the deceased from <u>Jan 1, 1945</u> to <u>Oct 15, 1950</u> , that I last saw the deceased alive on <u>Oct 15, 1950</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above. |   |   |   |
| 23a. SIGNATURE (Degree or title) <u>J. R. Bridges M.D.</u>  |   | 23b. ADDRESS <u>Kahoka Mo.</u>  | 23c. DATE SIGNED _____  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>Oct 17-50</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashton Cemetery</u>   | 24d. LOCATION (City, town, or county) (State) <u>Ashton Mo.</u>       |
| DATE REC'D BY LOCAL REG. <u>10/16/50</u>  | REGISTRAR'S SIGNATURE <u>J. R. Bridges</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Charles Kohoka Mo.</u>   |   |

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

Date Received: **OCT 24 1950**  
DISTRICT HEALTH OFFICE #2  
District File Number *10-50-174*  
Date Filed: **OCT 24 1950**

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed: *Fred J. Karle*

Signed.....  
Student Embalmer

Licensed Embalmer No. *1023*

P. O. Address *Kahoka 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.