Health, & Welfare Public Service

X

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022292
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Carthage — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McCune-Brooks hos — Length of stay in lb .2 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~Jasper~~ St. Louis
c. CITY OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2269 1905 N. 13th St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First KERMIT Middle LARHEU Last DeLOZIER

4. DATE OF DEATH Month June Day 29, Year 1958

5. SEX male
6. COLOR OR RACE white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH May 13, 1931
9. AGE (In years last birthday) 27 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping clerk
10b. KIND OF BUSINESS OR INDUSTRY food mfg
11. BIRTHPLACE (City and state or country) Franklin Co., Miss.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Andy B. DeLozier
13b. MOTHER'S MAIDEN NAME Eva Lawson
14. NAME OF HUSBAND OR WIFE Clara L. DeLozier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) not available
16. SOCIAL SECURITY NO. yes-not avail.
17. INFORMANT Clara DeLozier, Address St. Louis, Mo 1905 N. 13th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) respiratory failure — INTERVAL BETWEEN ONSET AND DEATH
hemorrhage of lungs — 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ~~rib fractures~~ — ~~2 days~~
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) headon collison of 2 autos
20c. TIME OF INJURY Hour 5.45 p.m. Month, Day, Year 6-27-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 166
20f. CITY, TOWN, OR LOCATION 4 miles West of Sarcoxie 049 — COUNTY Jasper — STATE Mo.

21. I attended the deceased from 6-27-58, to 6-29-58 and last saw her/him alive on 6-29-58
Death occurred at 5:40 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Vanlick MD
22b. ADDRESS Carthage, Mo
22c. DATE SIGNED 6-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE 6-30-58
23c. NAME OF CEMETERY OR CREMATORY unknown
23d. LOCATION (City, town, or county) (State) Meadville, Mississippi

24. FUNERAL DIRECTOR Knell Mortuary, ADDRESS Carthage, Mo
25. DATE RECD. BY LOCAL REG. 6-30-58
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

County File Number 58-7-615
Date Filed JUL 11 1958

JUL 14 1958

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 Frank W. Kuell

Licensed Embalmer No. 4440

P. O. Address Carthage, 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.