MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-001350

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 11

AMENDED

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY: Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton Mo

Length of stay in 1b: no

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home #52 Hwy North

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Mo b. COUNTY: Henry

c. CITY OR TOWN: Clinton Mo

Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): ~~#56~~ 2 Hwy North

Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: W. Middle: D Last: DeLozier

4. DATE OF DEATH: Month: Jan Day: 11 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: July 21, 1883

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months: 5 Days: 21

IF UNDER 24 HR: Hours: — Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Henry County

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

13a. FATHER'S NAME: James Edward DeLozier

13b. MOTHER'S MAIDEN NAME: Alabama Julian

14. NAME OF HUSBAND OR WIFE: Joanna Briggs DeLozier

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

17. INFORMANT Address: Mrs Joanna DeLozier Clinton Mo

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Uremic Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Prostatic Carcinoma — 4 mos.

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 11-11-61, to 1-7-62 and last saw ~~her~~ him alive on 1-7-62

Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Bradshaw, M.D.

22b. ADDRESS: Clinton Mo.

22c. DATE SIGNED: 1-12-62

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

23b. DATE: Jan 13-1962

23c. NAME OF CEMETERY OR CREMATORY: Englewood

23d. LOCATION (City, town, or county) (State): Clinton Mo

24. FUNERAL DIRECTOR: E.L. Schaberg ADDRESS: 214 So. 2nd Clinton Mo

25. DATE RECD. BY LOCAL REG.: Jan. 13-1962

26. REGISTRAR'S SIGNATURE: Mildred Bigum By M.B.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. R. Kinney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.