

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1954

State File No. **1085**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>289</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>		c. LENGTH OF STAY (in this place) <b>6 mos</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural Seaville Twp</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Convalescent Home</b>				d. STREET ADDRESS (If rural, give location) <b>Seaville Twp 8420</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Ida</b>		b. (Middle) <b>Belle</b>		c. (Last) <b>Delozier</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>1-18-1954</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>9-2-1879</b>		9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ossada Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Polant</b>		13b. FATHER'S MAIDEN NAME <b>Le Mary Pigeon</b>		14. NAME OF HUSBAND OR WIFE <b>Alfred Delozier</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alfred Delozier Clinton Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metocytic hypochromic anemia</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ritual stenosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>3 months</b>  <b>Unknown</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>293X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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. <b>none</b>		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 <b>Jan 15, 1954</b> to <b>Jan 15, 1954</b> , that I last saw the deceased alive on <b>Jan 15, 1954</b> and that death occurred at <b>5:45 pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>S.R. Hughes M.D.</b>		23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>1/19/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-20-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montrose Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Montrose Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan-20-54</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Dunning</b>		ADDRESS <b>Clinton Mo</b>	

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

*Robert L. Dunning*

Licensed Embalmer No.

*4710*

P. O. Address

*Clinton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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