

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29576**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **16**

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>Ray</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clinton</b>	c. LENGTH OF STAY (in this place) <b>3 days</b>	c. CITY OR TOWN <b>Rayville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>96</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wetzel Osteopathic Hosp.</b>		STREET ADDRESS (If rural, give location) <b>Rayville Rural Route 1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Lozaw</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 8 1955</b>
---	-----------------------	------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 12, 1927</b>	9. AGE (in years last birthday) <b>27</b>	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) <b>Farmland Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Aircraft Assembly</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin, New Jersey</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	--	--	---

13a. FATHER'S NAME <b>Terrence N. Lozaw</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Lockburne</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY (If no, give war or dates of service) <b>WW # 2</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mildred Lozaw</b>	ADDRESS <b>Rayville, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial failure</b>		
ANTECEDENT CAUSES		DUE TO (b) <b>Pulmonary Infection</b>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>cardiomyopathy and coronary atherosclerosis</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <b>Arterial Hypertension</b>	
Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (Min.)	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 **9-5**, 19**55**, to **9-8**, 19**55** that I last saw the deceased alive on **9-8**, 19**55**, and that death occurred at **7:10 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>Dr.</b>	23b. ADDRESS <b>Clinton Mo</b>	23c. DATE SIGNED <b>Sept 2 55</b>
-----------------------------------	------------------------------	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 12, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Sept-9-55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Clinton, Missouri</b>
---	--	---	----------------------------------

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

SEP 28 1953

SEP 28 1953

SEP 28 1953

SEP 28 1953

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 Eugene R. Couvales

Licensed Embalmer No. 46

P. O. Address Chittas

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.