

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-023468

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 157

STATE FILE NUMBER

**FILED JUL 6 1965**

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>CLINTON</u>		Length of stay in 1b <u>12 DAYS</u>	c. CITY OR TOWN <u>DEEPWATER</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>DEEPWATER</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>ASA</u> Last <u>DeLozier</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>23</u> Year <u>1965</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/17-1879</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.
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>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Leesville, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13a. FATHER'S NAME <u>EDWARD B. DeLozier</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CHASTAIN</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE E. DeLozier</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>NONE</u>		17. INFORMANT <u>ROBERT A. DeLozier, Deepwater, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		<u>minutes</u>
DUE TO (b) <u>Pulmonary Embolism</u>		<u>2 days</u>
DUE TO (c) <u>acute Myocardial Infarction</u>		<u>2 days</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	20g. COUNTY STATE

21. I attended the deceased from 4/2/63 to 6/23/65 and last saw her/him alive on 6/23/65  
Death occurred at 10:7pm 6/23/65 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James C. Clarendo</u>		22b. ADDRESS <u>105 E. Ohio Clinton Mo</u>		22c. DATE SIGNED <u>6/25/65</u>
23b. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23c. DATE <u>6/26-65</u>	23d. NAME OF CEMETERY OR CREMATORY <u>TEBO CEMETERY</u>		23e. LOCATION (City, town, or county) (State) <u>TEBO MO.</u>
24. FUNERAL DIRECTOR <u>MELVIN L. JANSSENS, DEEPWATER, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>6-28-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begins</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 1 0425  
 2 0420  
 3  
 4 0  
 5 2  
 6  
 7 0  
 8 2  
 9 420.1  
 10  
 11  
 12 2-2  
 13 1-0  
 INSTEAD OF  
 DOCUMENT  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ  
 USE BLACK INK OR TYPEWRITER RIBBON

*De Clouse*

OCT 18 1965

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**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 *Melvin L. Janssen*  
Licensed Embalmer No. 4529

P. O. Address *El Dorado Springs*

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.

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Permit obtained 6-26-65 (113)