

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0023679

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 37 Primary Registration District No. 38 25 Registrar's No. L76 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 20 1966

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON</u>		Length of stay in 1b <u>78 years</u>	c. CITY OR TOWN <u>CLINTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>101 West Leona</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Joseph Edward Delozier</u>			4. DATE OF DEATH Month Day Year <u>June 17, 1966</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-19-87</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farm Equipment</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sales</u>		11. BIRTHPLACE (City and state or country) <u>Henry County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Edward Delozier</u>			13b. MOTHER'S MAIDEN NAME <u>Alabama Julian</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma 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>490-05-8016A</u>		17. INFORMANT Address <u>Thelma Delozier 101 W. Leona</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 <u>12 hrs</u> <u>1 yr</u>
IMMEDIATE CAUSE (a) <u>Abdominal Aortic Aneurysm</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Abdominal Aortic Aneurysm</u> 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. <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	STATE
21. I attended the deceased from <u>2-6-58</u> to <u>6-17-66</u> and last saw him alive on <u>6-17-66</u> Death occurred at <u>3:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W.D. Bundelaw, M.D. Clinton, Mo.</u>		22b. ADDRESS	22c. DATE SIGNED <u>6-18-66</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 19, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Missouri</u>
24. FUNERAL DIRECTOR <u>R.E. Nichols Chapels</u>		25. DATE RECD. BY LOCAL REG. <u>June 18, 1966</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	AMENDED	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	SHOULD READ	BY AFFIDAVIT OF
1 <u>0425</u>						
2 <u>0425</u>						
3						
4 <u>0</u>						
5 <u>1</u>						
6						
7 <u>0</u>						
8 <u>2</u>						
9 <u>451X</u>						
10						
11						
12 <u>1-0</u>						
13 <u>1-0</u>						

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 B.E. Nichols

Licensed Embalmer No. 4997

P. O. Address H.P. MD

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.