

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**67 0030592**

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 214

**FILED AUG 28 1967**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION BY AFFIDAVIT OF

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Clinton</b>  |   | c. CITY OR TOWN <b>Clinton</b>  |   |
| Length of stay in 1b   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><b>Wetzel Osteopathic Hosp.</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>502 So. 2nd St.</b>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Rena</b> Middle <b>A.</b> Last <b>DeLozier</b>   |   | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>23</b> Year <b>1967</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>                    | 8. DATE OF BIRTH<br><b>12/9/1889</b>                                |
| 9. AGE (last birthday)<br><b>77</b>  |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Henry Co., Mo.</b> |
| 12. IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>14</b>  |   | 13. IF UNDER 24 HR<br>Hours <b></b> Min. <b></b>  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housekeeper</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housekeeper</b>   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Henry Co., Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   |
| 13a. FATHER'S NAME<br><b>James W. Pigg</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Malinda Parks</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Forest DeLozier, Marionville, Mo.</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   |
| 16. SOCIAL SECURITY NO.<br><b>544 30 5162</b>  |   | 17. INFORMANT<br><b>205 So. College</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Insufficiency</b><br>DUE TO (b) <b>Severe Anemia</b><br>DUE TO (c) <b>Acute Lymphatic Leukemia</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hours</b><br><b>2 weeks</b><br><b>Months</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes Mellitus; Cerebral thrombosis</b>   |   | PART III. If deceased was female there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b></b> a.m. <b></b> p.m. <b></b>  |   | 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<br><b>Clinton, Mo.</b>   |   |
| 21. I attended the deceased from <b>1962</b> to <b>8-23-67</b> and last saw her/him alive on <b>8-23-67</b><br>Death occurred at <b>4:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.             |   | 22a. SIGNATURE<br><b>C. L. Gasp</b> (Degree or title) <b>DO</b>   |   |
| 22b. ADDRESS<br><b>Clinton, Mo.</b>  |   | 22c. DATE SIGNED<br><b>8/24/67</b> (State)  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Aug. 25, 1967</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Englewood Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Clinton, Mo.</b>        |
| 24. FUNERAL DIRECTOR<br><b>Vansant Funeral Home, Clinton, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>Aug. 24, 67</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Mildred Biguns</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 \_\_\_\_\_  
Signature of Student Embalmer

Signed W. A. Vansant

Licensed Embalmer No. 3779

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.

Permit Obtained 8-24-67  
MB