

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40920

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 271

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, write RURAL and give township) <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton MO</u>	
c. LENGTH OF STAY (in this place) <u>112 days</u>		d. STREET ADDRESS (If rural, give location) <u>312 North Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>Madison</u>	c. (Last) <u>DELOZIER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 16 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov 20 1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>26</u> Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	105. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Benton Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Edward DeLozier</u>	13b. MOTHER'S MAIDEN NAME <u>America A Julian</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie</u>
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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>DONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Minnie DeLozier</u>	ADDRESS <u>Clinton MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>14 da</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility &amp; arterial sclerosis</u> DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334X</u>	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 2, 1949, to Dec 16, 1949, that I last saw the deceased alive on Dec 16, 1949, and that death occurred at home m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Swad W. G. D.O.</u>	23b. ADDRESS <u>Clinton MO</u>	23c. DATE SIGNED <u>12/17/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Leo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Leechville MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec-17-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	4-2-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Conrath</u>	ADDRESS <u>Clinton MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

District Health Officer No. 71

District File Number 11-49-1466

Date Filed 12-19-47

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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 .....  
Student Embalmer

Signed

*Engene R. Corsalua*

Licensed Embalmer No.

4680

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