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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37539

State File No.

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY Monteau

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Monteau

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California c. LENGTH OF STAY (in this place)

c. CITY OR TOWN California d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Lathan Sanatorium

f. STREET ADDRESS 1 mi. south-east of town (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL b. (Middle) EDWARD c. (Last) COLOZZA 4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1955

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 8. DATE OF BIRTH Nov. 22, 1955 9. AGE (In years last birthday) 5 if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) California, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Paul Colozza 13b. MOTHER'S MAIDEN NAME Jocan Willett 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Colozza California Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent interventricular Septum Congenital
ANTECEDENT CAUSES DUE TO (b) prematurity
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7543

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-22-1955, to 11-22-1955, that I last saw the deceased alive on 11-22-1955, and that death occurred at 9:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kernyon Latham M.D. 23b. ADDRESS California, Mo. 23c. DATE SIGNED 11-23-55

24a. BURIAL CREMATION, REMOVAL (Specify) burial 24b. DATE 11-23-1955 24c. NAME OF CEMETERY OR CREMATORY Catholic 24d. LOCATION (City, town, or county) (State) California Mo.

DATE REC'D BY LOCAL REG. 11-28-55 REGISTRAR'S SIGNATURE H. L. Waples 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. E. Wilson California Mo.

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.