

FILED SEP 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32286

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

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 352 West Arrow		d. STREET ADDRESS (If rural, give location) 352 West Arrow	

3. NAME OF DECEASED a. (First) Frank b. (Middle) Siegel c. (Last) Justice			4. DATE OF DEATH (Month) (Day) (Year) Sept.-18-1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28-1860	9. AGE (In years last birthday) 89	# UNDER 1 YEAR Months 9 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owned Livery Stable		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Eureka Springs, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME J.A. Justice		13b. MOTHER'S MAIDEN NAME Elizabeth Brown		14. NAME OF HUSBAND OR WIFE Mrs. May Brown Justice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Justice-Marshall, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		INTERVAL BETWEEN ONSET AND DEATH 42m 10 yrs.
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arterio sclerosis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION V		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July, 1950, to Sept. 18, 1950, that I last saw the deceased alive on 9-10, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE H. Putnam M.D. (Degree or title)		23b. ADDRESS Marshall Mo.		23c. DATE SIGNED 9-20-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/20/50		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.		24d. LOCATION (City, town, or county) (State) Marshall Mo.	
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DATE REC'D BY LOCAL REG. Sept 20, 1950		REGISTRAR'S SIGNATURE Sidney J. Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leslie Sweeney-Marshall, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-25-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed

J. Leahy Swann
Licensed Embalmer No. 32350

P. O. Address *Marshall, Va.*

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.