

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 904

176

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 E. Crowder Road		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON 0402	
		d. STREET ADDRESS (If rural, give location) 1622 Mabel Street	
3. NAME OF DECEASED (Type or Print) a. (First) HAROLD		b. (Middle) JUSTUS	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) January 27, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 29, 1904
9. AGE (In years last birthday) 47-16		if UNDER 1 YEAR Months 4	if UNDER 24 HRS. Days 28 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Joseph Justus		13b. MOTHER'S MAIDEN NAME Hattie Ray	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 709-16-4125	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ladze Maxfield		ADDRESS Trenton, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Chronic Alcoholism DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 27 Jan., 1951, to 27 Jan., 1951, that I last saw the deceased alive on 27 Jan., 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Quinlan (Degree or title) M.D.		23b. ADDRESS Trenton Mo.	
23c. DATE SIGNED 29 Jan. '51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/30/51	
24c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery		24d. LOCATION (City, town, or county) (State) Trenton, Missouri Grundy.	
DATE REC'D BY LOCAL REG. Jan 30-51		REGISTRAR'S SIGNATURE Irene Fair 115	
25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Sijean		ADDRESS Trenton, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 15 1961

FEB 7 1961

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

Charles D. Simpson

Student Embalmer

Licensed Embalmer No. 3109

P. O. Address. Trenton, Missouri

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.