

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26617  
Registrar's No. 753

FILED SEP 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>GREEN</u> <u>0396</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshfield</u> <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MOZARK OSTEOPATHIC HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>Route #11</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) _____ c. (Last) <u>Justis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>1</u> <u>1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>June 19-1881</u>	9. AGE (In years last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u>	11. IF UNDER 28 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Marshfield, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>William Justis</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Jane Wall</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bill Hodgins, Marshfield, Mo</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH  <u>5.501</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Paralysis</u> DUE TO (c) <u>Empyema, Appendicitis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>8-14-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Appendicitis, Abscess, Empyema, Appendicitis</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Aug 13, 1951, to Sept. 1, 1951, that I last saw the deceased alive on Sept 1, 1951, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Stogel MD</u> (Degree or title)	23b. ADDRESS <u>Marshfield Mo</u>	23c. DATE SIGNED <u>9-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-4-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PERSANT Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Fordland, Mo. Kansas</u>
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DATE REC'D BY LOCAL REG. <u>9-4-51</u>	REGISTRAR'S SIGNATURE <u>W E Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jesse Terrell Bergman</u>	ADDRESS <u>Fordland Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0005

11/1/1950

OCT 17 1950

FILED

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 K. K. Kelly

Licensed Embalmer No. 3334

P. O. Address Woodland 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.