

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29985

State File No. _____

FILED SEP 24 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 753-A

0396

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u> <u>1120</u>	
c. LENGTH OF STAY (in this place) <u>19 days</u>		d. STREET ADDRESS (if rural, give location) <u>RR# 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSARK OSTEOPATHIC Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>JUSTIS</u> c. (Last) <u>JUSTIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>1</u> <u>51</u>		
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>		IF UNDER 1 YEAR Months <u>2</u> Days <u>19</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>	
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>					

13a. FATHER'S NAME <u>WILLIAM JUSTIS</u>		13b. MOTHER'S MAIDEN NAME <u>SARA JANE WALK</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BILL HODGIA</u> ADDRESS <u>MARSHFIELD, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforated Appendix</u> DUE TO (c) <u>---</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5501</u>	
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19a. DATE OF OPERATION <u>8-14-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Appendix perforated, abscess, (perforation appendix)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>			

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 1045 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William R. [Signature]</u>		23b. ADDRESS <u>700 EAST SUNSHINE</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>PLEASANT HILL</u>		24d. LOCATION (City, town, or county) (State) <u>FORDLAND, MO. ROLAN</u>	
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DATE REC'D BY LOCAL REG. <u>9-19-51</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Terrell Beggs</u> ADDRESS <u>Fairbank</u>	
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SEP 28 1951

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed K. K. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fondland 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.