

FILED JAN 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41135

State File No.

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5378 Registrar's No. 72

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

| | | | |
|--|---|---|------|
| 1. PLACE OF DEATH a. COUNTY DeKalb. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY DeKalb. | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR Union Star Polk | c. LENGTH OF STAY (In this place) 10 | c. CITY (If outside corporate limits, write RURAL and give township) OR Union Star Polk Township. | 0320 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION At. Home 1/2 mile east | | d. STREET ADDRESS (If rural, give location) | |

| | | | | |
|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Georgie b. (Middle) c. (Last) Justice | | | 4. DATE OF DEATH Dec. 17. 1951. (Month) (Day) (Year) | |
|---|--|--|---|--|

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|---------------|------------------------|--|---------------------------|------------------------------------|-----------------------------------|-----------------------------|
| 5. SEX female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12.25.78 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 11 Days 23 | IF UNDER 24 HRS. Hours Min. |
|---------------|------------------------|--|---------------------------|------------------------------------|-----------------------------------|-----------------------------|

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|---|--|--|--|-------------------------------------|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Same | 11. BIRTHPLACE (State or foreign country) Bethany Mo. Harrison Co. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
|---|--|--|--|-------------------------------------|--|

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| 13a. FATHER'S NAME Lemuel Devers. | 13b. MOTHER'S MAIDEN NAME Georgie Hunn Devers. | 14. NAME OF HUSBAND OR WIFE Andrew Justice | |
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| 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. None | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Andrew Justice, Union Star Mo. | |
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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) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH 1 wk |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | |

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|------------------------|----------------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 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 checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
|---|---|----------------------------|--|

22. I hereby certify that I attended the deceased from 12-6-51 to 12-17-51, 1951, that I last saw the deceased alive on Dec 17, 1951, and that death occurred at 6:30 A m., from the causes and on the date stated above.

| | | |
|--|-----------------------------|---------------------------|
| 23a. SIGNATURE <u>E. M. Reynolds</u> (Print name or title) | 23b. ADDRESS Union Star Mo. | 23c. DATE SIGNED 12.19.51 |
|--|-----------------------------|---------------------------|

| | | | |
|--|----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12.20.1951 | 24c. NAME OF CEMETERY OR CREMATORY Ford City | 24d. LOCATION (City, town, or county) (State) Ford City Mo. |
|--|----------------------|--|---|

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|-----------------------------------|--|---|--|
| DATE REC'D BY LOCAL REG. 12-28-51 | REGISTRAR'S SIGNATURE <u>Roscoe R. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>R. L. ... King City Mo.</u> | |
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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

R. G. Taggart

Signed.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.