No. 300
10.48

2400

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

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 627

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SMITHVILLE, MO.
c. LENGTH OF STAY (In this place): 10 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SMITHVILLE COMMUNITY HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: CLINTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TRIMBLE 0250 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): STEPHEN
b. (Middle): FRANKLIN
c. (Last): JUSTUS

4. DATE OF DEATH (Month) (Day) (Year): JAN. 25, 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: DEC. 28, 1876
9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 6 Days 28
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY STORE
11. BIRTHPLACE (State or foreign country): P LATTE COUNTY MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: EMORY JUSTUS
13b. MOTHER'S MAIDEN NAME: CAROLINE COLLIER
14. NAME OF HUSBAND OR WIFE: MRS. OLLIE JUSTUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MISS HELEN JUSTUS, ADDRESS: TRIMBLE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Left Kidney — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastatic lesions in lumbar vertebrae & ribs.
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: 180X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 15, 1951, *to* 1-25, 1952, *that I last saw the deceased alive on* 1-25, 1952, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E B Hobbs (Degree or title): M.D.
23b. ADDRESS: Smithville, Mo
23c. DATE SIGNED: 1-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-27-1952
24c. NAME OF CEMETERY OR CREMATORY: REED CEMETERY
24d. LOCATION (City, town, or county) (State): 2½ Miles N.W. TRIMBLE, MO.

DATE REC'D BY LOCAL REG.: Jan 29-52
REGISTRAR'S SIGNATURE: Beulah Ketchum 63
25. FUNERAL DIRECTOR'S SIGNATURE: McCOMAS FUNERAL HOME, ADDRESS: SMITHVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Donald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.