S. No. 300
Rev. 10-48

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

17805

State File No.

FILED MAY 18 1953

BIRTH NO. REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 53

**1. PLACE OF DEATH**
a. COUNTY: Harrison 0411 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethany Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bethany, rural 0410 0
d. STREET ADDRESS (If rural, give location): Bethany Rt 4 miles West

**3. NAME OF DECEASED** (Type or Print)
a. (First): Alfred
b. (Middle): Miller
c. (Last): Justice

**4. DATE OF DEATH** (Month) (Day) (Year): 5 6 53

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: 12-6-1868
**9. AGE** (In years last birthday): 84 — If under 1 year: Months 5, Days 0 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (State or foreign country): Harrison County Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Lewis Justice
**13b. MOTHER'S MAIDEN NAME**: Katherine Haney
**14. NAME OF HUSBAND OR WIFE**: Dora Justice
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no — (If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Mrs Floyd Ross, Ridgeway Mo

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of prostate — Interval between onset and death: 3 yrs

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): with Metastases

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**: 177X
**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* 2, 1946, *to* 5-6, 1953, *that I last saw the deceased alive on* 5-6, 1953, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: W. A. Broyles (Degree or title) MDO
**23b. ADDRESS**: Bethany Mo
**23c. DATE SIGNED**: 5/9/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5/9/53
**24c. NAME OF CEMETERY OR CREMATORY**: Miriam
**24d. LOCATION** (City, town, or county) (State): Bethany Mo

DATE REC'D BY LOCAL REG.: 5/19/53
REGISTRAR'S SIGNATURE: Zola Burris 116
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: M B Haas Bethany Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1954

MAY 21 1954

## 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.

Signed M B Lane

Signed.....
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.