V. S. No. 300
Rev. 10-48

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

FILED DEC 15 1953

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Sims 41823
State File No.

BIRTH NO. REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6136 Registrar's No. 266

**1. PLACE OF DEATH**
a. COUNTY: Shannon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Spring Valley
c. LENGTH OF STAY (In this place): 41 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shannon 1010
c. CITY OR TOWN: Summersville, Mo.
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 0
e. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): a. (First) CHARLES b. (Middle) WILLIAM c. (Last) JUSTUS

**4. DATE OF DEATH**: (Month) Nov (Day) 10 (Year) 53

**5. SEX**: M 0

**6. COLOR OR RACE**: W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): M

**8. DATE OF BIRTH**: March 31- 1877

**9. AGE** (In years last birthday): 76 IF UNDER 1 YEAR Months: 7 Days: 10 IF UNDER 24 HRS. Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farming

**10b. KIND OF BUSINESS OR INDUSTRY**:

**11. BIRTHPLACE** (City and State or Foreign Country): Warren County, Missouri 0

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**:

**13b. MOTHER'S MAIDEN NAME**:

**14. NAME OF HUSBAND OR WIFE**: Esta Louise 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.**:

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: John Justus Summersville, 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 stomach — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

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.*

**19a. DATE OF OPERATION**: None

**19b. MAJOR FINDINGS OF OPERATION**: 151X

**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 1 *, 1953, to* Nov 10 *, 19 53 that I last saw the deceased alive on* Nov 10 *, 19 53, and that death occurred at* 10:25P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): MD

**23b. ADDRESS**: Mt View Mo

**23c. DATE SIGNED**: 11/11/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE**: 11-13-53

**24c. NAME OF CEMETERY OR CREMATORY**: Alley

**24d. LOCATION** (City, town, or county) (State): Eminence, Mo.

**DATE REC'D BY LOCAL REG.**: 12/14/53

**REGISTRAR'S SIGNATURE**: 447

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Duncan Funeral Home Mtn View, 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.....
Signature of Student Embalmer

Signed Joel R. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt. Vernon, Ga.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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