

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 7 1954

State File No. 41971

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 428

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Schuyler</i>	
b. CITY OR TOWN <i>Kirkbush</i>	c. LENGTH OF STAY (in this place) <i>7 days</i>	c. CITY OR TOWN <i>Lancaster</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <i>Kirkbush Cottage Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>0980 1</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Rubrey</i> b. (Middle) <i>Arden</i> c. (Last) <i>Justice</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>12 24 53</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-3-1880</i>	9. AGE (In years last birthday) <i>73</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>21</i>	IF UNDER 4 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dentist</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Schuyler County Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Wm. F. Justice</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Cooper</i>	14. NAME OF WISBAND OR WIFE <i>Emilie Hays Justice</i>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Robert Mealey</i> ADDRESS <i>Lancaster Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>7-10 days</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>UREMIA</i>	DUE TO (b) <i>Metastatic Carcinoma of prostate</i>	
	DUE TO (c) <i>Cardiac Decompensation</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cardiac Decompensation</i>		

19a. DATE OF OPERATION <i>8-28-53</i>	19b. MAJOR FINDINGS OF OPERATION <i>Large Nodular prostate, found to be carcinoma</i>	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *8-17-53*, *1953*, to *12-24*, *1953*, that I last saw the deceased alive on *4-10-1953*, and that death occurred at *4:16 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R. H. Lambert, D.O.</i>	23b. ADDRESS <i>Kirkbush, Mo.</i>	23c. DATE SIGNED <i>12-26-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>12-24-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lancaster 1001</i>	24d. LOCATION (City, town, or county) (State) <i>Lancaster Mo</i>
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DATE REC'D BY LOCAL REG. <i>12-26-53</i>	REGISTRAR'S SIGNATURE <i>Kate Lambert</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Everett R. Neal</i> ADDRESS <i>Lancaster, Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 5 1964

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 *Everett R. Head*.....

Licensed Embalmer No. *4038*.....

P. O. Address *Lancaster*.....

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.