

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

103

State File No. 19291

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Blue Springs (Rural)		c. CITY OR TOWN Osceola	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 6wks		e. STREET ADDRESS (If rural, give location) City 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles South West			

3. NAME OF DECEASED (Type or Print)	a. (First) Pearl	b. (Middle) Blanche	c. (Last) Justice	4. DATE OF DEATH (Month) (Day) (Year) June 29 1954
-------------------------------------	----------------------------	-------------------------------	-----------------------------	--

5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 12-1895	9. AGE (In years last birthday) Months Days 58	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
---------------------	-------------------------------	--	--	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress &	10b. KIND OF BUSINESS OR INDUSTRY Resturant	11. BIRTHPLACE (City and State or Foreign Country) Oregon Mo	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	--

13a. FATHER'S NAME Charles Loomis	13b. MOTHER'S MAIDEN NAME Martha Price	14. NAME OF HUSBAND OR WIFE James E Justice
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 491 38 9606	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Carroll Blue Springs 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Uterus with metastasis to other Abdominal Organs. DUE TO (c) Arteriosclerosis		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **June 4, 1954, to June 29, 1954**, that I last saw the deceased alive on **June 29, 1954**, and that death occurred at **11:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James H. Via D.O.	23b. ADDRESS 110.7 Main Blue Springs Mo	23c. DATE SIGNED 6/30/54
--	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2 1954	24c. NAME OF CEMETERY OR CREMATORY Osceola	24d. LOCATION (City, town, or county) (State) Osceola Mo
--	---------------------------------	--	--

DATE REC'D BY LOCAL REG. 7-1-1954	REGISTRAR'S SIGNATURE H. B. L. 483-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodrich Funeral Home Osceola Mo
---	--	---

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

70000

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..... *R B Webb*

Licensed Embalmer No. *235*

P. O. Address *Blue Springs*

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.