

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28349
Registrar's No. 16

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815

1. PLACE OF DEATH
a. COUNTY MORGAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY MORGAN

b. CITY OR TOWN RURAL HAWCREEK TWP 3 yrs

c. CITY OR TOWN RURAL HAWCREEK TWP d. Is Residence within limits of city or incorporated town? No

d. FULL NAME OF HOSPITAL OR INSTITUTION 12 MILES S.W. OF STOVER

e. STREET ADDRESS (If rural, give location) 12 MILES S.W. OF STOVER

3. NAME OF DECEASED (Type or Print)
a. (First) JESSIE b. (Middle) WASHINGTON c. (Last) JUSTUS

4. DATE OF DEATH (Month) (Day) (Year)
AUG 31 1954

5. SEX MALE 6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APRIL 30 1890

9. AGE (In years last birthday) 64 # 1

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

10b. KIND OF BUSINESS OR INDUSTRY FARM

11. BIRTHPLACE (City and State or Foreign Country) HOWARD COUNTY MO

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME SAMUEL JUSTUS

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE IDA JUSTUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 490-18-7921

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
ELLSWORTH BENNETT STOVER 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure
INTERVAL BETWEEN ONSET AND DEATH minutes
ANTECEDENT CAUSES acute and chronic Coronary Thrombosis
DUE TO (b) arteriosclerosis
DUE TO (c) arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
several weeks
unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
Stover, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 Aug 31, 1954 to Aug 31, 1954, that I last saw the deceased alive on Aug 31, 1954, and that death occurred at 9:30 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas P. Weasato P.O.

23b. ADDRESS Stover, Missouri

23c. DATE SIGNED 9-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT 3 1954

24c. NAME OF CEMETERY OR CREMATORY PROCTOR

24d. LOCATION (City, town, or county) (State) MORGAN COUNTY MO.

DATE REC'D BY LOCAL REG. Sept 4 1954

REGISTRAR'S SIGNATURE Wm. R. Pappinger

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. Stevenson Stover Mo

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 *J. L. Stevenson*.....
Licensed Embalmer No. *407*.....

P. O. Address *Stover, Va.*.....

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.