

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40626

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1172

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>MARSHFIELD</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DR. BURGE Hospital</b>		e. STREET ADDRESS <b>Rural Route 4 EAST DALLAS TOWNSHIP</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b> b. (Middle) <b>MARIE</b> c. (Last) <b>Justis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 25, 1954</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 10, 1932</b>	9. AGE (In years last birthday) <b>22</b>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TEACHING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WEBSTER Co., Missouri</b>	

13a. FATHER'S NAME <b>C. L. Justis</b>		13b. MOTHER'S MAIDEN NAME <b>Effie May Sharp</b>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>513-30-3772</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>C. L. Justis, Rt #4, Marshfield, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Act. Skull</b>		<b>Instantly</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS		<b>E 8161 20</b>	
		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) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <b>City Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield, GREENE 13<sup>3</sup> Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12-25-'54 1.30a</b>		21e. INJURY OCCURRED WHILE AT WORK? YES <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Their car struck parked truck</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2.30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE OF CORONER <b>D. E. Allen</b>		23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>12-27-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-28-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>WEBSTER Co., Missouri</b>	
DATE REC'D BY LOCAL REG. <b>12-29-54</b>		REGISTRAR'S SIGNATURE <b>Wm. Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Barber</b>		ADDRESS <b>Marshfield, Mo.</b>	

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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.....  
*Harry C. [unclear]*

Licensed Embalmer No. 459

P. O. Address *Springfield*

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.