

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14003

0632  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Maries		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Dixon, Rural Miller Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon, Missouri Twp. Rt				
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)		0630		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel		b. (Middle) Reed		c. (Last) Justice		
4. DATE OF DEATH (Month) (Day) (Year) April 19, 1956		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11/22/1873		9. AGE (In years last birthday) 82		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Indiana		
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Ezekial Justice		13b. MOTHER'S MAIDEN NAME Elizabeth Connett		
14. NAME OF HUSBAND OR WIFE Ida Mae Sprinkler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Martha Goodwin Dixon, Mo.		17. ADDRESS				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIO-VASCULAR-RENAL DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES Morbidity 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. <u>SECONDARY ANEMIA</u>				?
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) 442x		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) ✓		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 <u>APRIL 16, 1956</u> , to <u>APRIL 17, 1956</u> , that I last saw the deceased alive on <u>4-16</u> , 1956, and that death occurred at <u>3:30 A.M.</u> from the causes and on the date stated above.						
23a. SIGNATURE <u>John A. Maleschick D.O.</u>		23b. ADDRESS <u>Crocker Inn</u>		23c. DATE SIGNED <u>4-19-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>4/20/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		
24d. LOCATION (City, town, or county) (State) <u>Georgia, Ill</u>		24e. NAME OF EMBALMER <u>Edith Hedges</u>		24f. ADDRESS <u>Hedges Funeral Homes, Georgia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-21-56</u>		REGISTRAR'S SIGNATURE <u>Pauline Howell</u>		EMBALMER'S SIGNATURE <u>Edith Hedges</u>		

MAY 29 1956

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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 .....  
Student Embalmer

Signed *Walter P. Hedger*

Licensed Embalmer No. *4265*

P. O. Address *Peris, Mo.*

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