

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23388

FILED AUG 6 - 1956

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 682-B

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Springfield 0246</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>512 S. Main</u> | | Length of stay in lb <u>57 Yrs.</u> | d. STREET ADDRESS <u>512 S. Main</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>PAUL HILL JUSTIS</u> First Middle Last | | | 4. DATE OF DEATH <u>July 25, 1956</u> Month Day Year | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>7 Jan. 1899</u> | 9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months Days Hours Min | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>School System</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>A. S. Justis</u> | | | 14. MOTHER'S MAIDEN NAME <u>Mary E. Hill</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. <u>7</u> | 17. INFORMANT <u>ALICE JUSTIS Spgd, Mo</u> Address | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): <u>glomerulonephritis, chr.</u> DUE TO (c): <u>+200 A</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Silico-anthraco-tuberculosis</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>2 yrs</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | 20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1953</u> to <u>July 25, '56</u> and last saw <u>him</u> alive on <u>July 10, '56</u> Death occurred at <u>3:30 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>Don J. Silsby M.D.</u> (Degree or title) | | | 22b. ADDRESS <u>McDaniel Building</u> <u>Springfield, Missouri</u> | | 22c. DATE SIGNED <u>7-29-56</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>JULY 28, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>J.W. Klingner</u> ADDRESS <u>6. Spgd. Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-30-56</u> | | 26. REGISTRAR'S SIGNATURE <u>Edith Williams</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 3 1957

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.....
Mal Rhoads

Licensed Embalmer No.....

P. O. Address.....
Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.