

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25037

STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 369

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57

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside Corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>824 CONNOR</b>		Length of stay in 1b <b>4 YRS.</b>	d. STREET ADDRESS (If outside, give location) <b>824 CONNOR</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>ALFRED</b> Middle Last <b>JUSTICE</b>			4. DATE OF DEATH Month <b>JUL</b> Day <b>24</b> Year <b>1957</b>			
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN 16, 1860</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RY EMPLOYEE TRANSPORTATION</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>TRANSPORTATION</b>	11. BIRTHPLACE (City and state or country) <b>FATTONSBURG, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>H. H. JUSTICE</b>	13b. MOTHER'S MAIDEN NAME <b>SPERRY</b>	14. NAME OF HUSBAND OR WIFE <b>MAUD JUSTICE (DECEASED)</b>
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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>-</b>	17. INFORMANT <b>HILBERT RITTERBUSCH, OVERLAND</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerosis - generalized</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Myocardial hypertrophy</b>		<b>1 year</b>
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4343</b>		19. WAS AUTOPSY PERFORMED? <b>2</b> 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.)
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20c. TIME OF INJURY Hour _____ 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 _____
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21. I attended the deceased from <b>6-15-57</b> to _____ and last saw her/him alive on <b>5-15-57</b> Death occurred at <b>2:30 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Lewis H. Ferguson M.D.</b> (Degree or title)	22b. ADDRESS <b>327 FRX Bldg.</b>	22c. DATE SIGNED <b>7-26-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 27, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OSBORNE MEM.</b>	23d. LOCATION (City, town, or county) (State) <b>JOPLIN MO</b>
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24. FUNERAL DIRECTOR <b>Harold Glover Joplin</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-31-1957</b>	26. REGISTRAR'S SIGNATURE <b>Noel Merriam</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Asper County, Missouri  
County File Number 57-8-168  
Date Filed AUG 5 1957

SEP 5 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 Paul Moore .....

Licensed Embalmer No. 459

P. O. Address Joplin .....

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.