

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032089

FILED VS OCT 13 1959 132

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 167

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Mo b. COUNTY Grundy					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton, Mo.		Length of stay in 1b		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright, Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 503 E 18th		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Josephine Middle Beatrice Last Justus				4. DATE OF DEATH Month 10 Day 2 Year 1959					
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/12/85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 10 Days 20	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Seymour, Ia.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Adam Ripper			13b. MOTHER'S MAIDEN NAME Mary Thurman			14. NAME OF HUSBAND OR WIFE Chas. Justus			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address Chas. Justus, 503 E. 18th					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremic Coma 3 days DUE TO (b) Chronic Interstitial Nephritis 1 Month DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	Month, Day, Year								
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 Sept 20, 1959 to Oct 22, 1959 and last saw her/him alive on Oct 22, 1959 Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Oliver F. Giffey MD (Degree or title)				22b. ADDRESS Trenton Mo			22c. DATE SIGNED Oct 5, 1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/4/59	23c. NAME OF CEMETERY OR CREMATORY Roselawn		23d. LOCATION (City, town, or county) Trenton, Mo.			(State) Mo	
24. FUNERAL DIRECTOR Chas W. Gips ADDRESS Trenton, Mo.			25. DATE RECD. BY LOCAL REG. 10/5/59		26. REGISTRAR'S SIGNATURE Jerene Jarr				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles D. Hanson

Licensed Embalmer No. 3109

P. O. Address Fenton T

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