

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012341

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 90

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 310
FILED APR 3 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u> | | Length of stay in 1b <u>56 yrs.</u> | c. CITY OR TOWN <u>St. Charles</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>St. Joseph's Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>330 Tecumseh</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>William Cleveland Justice</u> | | | 4. DATE OF DEATH Month Day Year <u>March 28 1962</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</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>9-30-05</u> |
| 9. AGE (last birthday) <u>56</u> | | IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ironworker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u> | 11. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Ernest Justice</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Susie Shpler</u> | | 14. NAME OF HUSBAND OR WIFE <u>Amanda K. Justice</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 2</u> | | 16. SOCIAL SECURITY NO. <u>5</u> | |
| 17. INFORMANT <u>Ananda K. Justice</u> | | Address <u>St. Charles,</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>carcinomatosis, primary</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bronchogenic</u> DUE TO (c) <u>Bronchopneumonia, terminal</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 mos</u> <u>4 1/2 hrs</u> |
| 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 checked="" 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 <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> | | |
| 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>9-22-62</u> to <u>3-28-62</u> and last saw him alive on <u>3-28-62</u> Death occurred at <u>12:30p</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>George E. Kistner</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>St Charles Mo</u> | 22c. DATE SIGNED <u>3-29-62</u> |
| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>31 Mar. 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Prinster - Baue St. Charles, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3/29/62</u> | 26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u> |

MAY 3 1962

APR 4 1962

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 Frederic W. Dune

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.