

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046935

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 6

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 10 1964

VS 300 Rev. 4/59

1 0055
2 0050
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4 0
5 1
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7 0
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9 3314
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12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Length of stay in 1b	c. CITY OR TOWN Verona
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eley Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R# 1, 3 miles South of Verona No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES A JUSTIS			4. DATE OF DEATH Month Day Year 12 25 1963
5. SEX Male	6. COLOR OR RACE Cauc	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-26-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Polk Country	9. AGE (last birthday) 89
13a. FATHER'S NAME Jason Justus		13b. MOTHER'S MAIDEN NAME Lucenda Thompson	12. CITIZEN OF WHAT COUNTRY US
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. No	17. INFORMANT Address Frank Justus, Verona, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Gen Arteriosclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 30 hrs ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Prostate metastasis			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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <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.		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 1-26-59 to 12-25-63 and last saw him alive on 12-24-63 Death occurred at 9:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. Swank M.D.		22b. ADDRESS Monett, Mo	22c. DATE SIGNED 12-26-63
23b. DATE 12-28-63	23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery		23d. LOCATION (City, town, or county) Marionville, Missouri
24. FUNERAL DIRECTOR OSCAR L. MARSH, AURORA, MISSOURI		25. DATE RECD. BY LOCAL REG. 12-28-63	26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

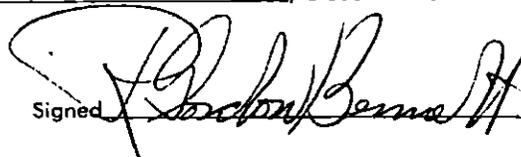
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4213

P. O. Address Monett 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.