RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-030335

STATE FILE NUMBER

FILED VS SEP 12 1960 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 216

IDED

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 46 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 West Tebo
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 207 West Tebo
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Viola Middle MAY Last Justis

4. DATE OF DEATH: Month Sept Day 7 Year 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-16-1888

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months 7 Days 22
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: None

11. BIRTHPLACE (City and state or country): Barry County Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Ed. Vanderpool

13b. MOTHER'S MAIDEN NAME: Sarah Ellen

14. NAME OF HUSBAND OR WIFE: Joe Justis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Joe Justis Address: Clinton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Exsanguination	5mm.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Massive Pulmonary Hemorrhage	5mm.
DUE TO (c)	Bronchiectasis (Chronic)	

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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. 1, 1957, to Sept. 7, 1960 and last saw her/him alive on Sept. 5, 1960
Death occurred at 10:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Harbaugh M. D.

22b. ADDRESS Clinton, Mo.

22c. DATE SIGNED 9-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/10/60

23c. NAME OF CEMETERY OR CREMATORY Englewood

23d. LOCATION (City, town, or county) Clinton (State) Mo

24. FUNERAL DIRECTOR F.L. SCHABERG ADDRESS CLINTON, MO.

25. DATE RECD. BY LOCAL REG. Sept. 9, 1960

26. REGISTRAR'S SIGNATURE Kaldred Bejeau

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed F L Schabue

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address Clinton

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