

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27795

State File No. _____
Registrar's No. 955

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 68 Yrs		d. STREET ADDRESS (If rural, give location) 3302 Duncan Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ELMER	b. (Middle) LAWRENCE	c. (Last) IMEL	4. DATE OF DEATH (Month) (Day) (Year) August 27-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 10-1867	9. AGE (In years last birthday) 86	# UNDER 1 YEAR Months	# UNDER 12 HRS. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Overall cutter & Forman	10b. KIND OF BUSINESS OR INDUSTRY Overall factory	11. BIRTHPLACE (State or foreign country) Milton, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas P. Imel	13b. MOTHER'S MAIDEN NAME Violetta Reigel	14. NAME OF HUSBAND OR WIFE Mrs. Catharine Imel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 488-14-8924A	17. INFORMANT'S SIGNATURE OR NAME Mrs. Catharine Imel	ADDRESS 3302 Duncan Street, St. Joseph, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 DAYS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA	DUE TO (b) _____		
ANTECEDENT CAUSES	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 8-22-53	19b. MAJOR FINDINGS OF OPERATION Benign Prostatic Hyperplasia, Carcinoma Prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-19 1953**, to **8-27 1953**, that I last saw the deceased alive on **8-26 1953**, and that death occurred at **2:15a** m., from the causes and on the date stated above.

23a. SIGNATURE Walter B. Boush (Degree or title) M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 8-31-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 29-1953	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Sept 2, 1953	REGISTRAR'S SIGNATURE Cather M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Meierhoffer	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Missouri

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 this body is not embalmed, fact should be so stated above.