FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3777
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 206

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo.Meth. Hosp. — Length of stay in Hospital: life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3423 Sacramento St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: MAY Last: JUSTUS
4. DATE OF DEATH (Month Day Year): Feb. 23, 1957
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Nov. 21, 1900
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: 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: own home
11. BIRTHPLACE (City and state or country): St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Clemen Immel
14. MOTHER'S MAIDEN NAME: Elizabeth Longfellow
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.: none
17. INFORMANT Address: Mr. S.M. Justus, 3424 Sacramento, St.Joseph, M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: Unk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Neurogenic Bladder — Unk.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diabetes Mellitus
19. WAS AUTOPSY PERFORMED? YES X 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 4/7/56 to 2/23/57 and last saw her alive on 2/22/57
Death occurred at 2:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: Tootle Building St. Joseph, Mo.
22c. DATE SIGNED: 2/24/57

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 2/26/1957
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR ADDRESS: Heaton-Bowman St Joseph Mo
25. DATE REC'D BY LOCAL REG.: March 1, 1957
26. REGISTRAR'S SIGNATURE: Estred M. Allison

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in filling out this form. Do not use abbreviations. Be specific. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 46

P. O. Address 3145 10th St

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