

PURIFICATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 4 5 1

FILED DEC 21 1959 042 Primary Registration District No. _____ Registrar's No. 1250 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Buchanan</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington Township</i>		Length of stay in 1b <i>27 years</i>		c. CITY OR TOWN <i>St. Joseph</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rt. 7, Water Works Road</i>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Route 7, Watter Works Road</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Myrtle</i> Middle _____ Last <i>Justus</i>				4. DATE OF DEATH Month <i>December</i> Day <i>8</i> Year <i>1959</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 20, 1896</i>	9. AGE (last birthday) <i>63</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Not known</i>			13b. MOTHER'S MAIDEN NAME <i>Not known</i>		14. NAME OF HUSBAND OR WIFE <i>Huston Justus</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT Address <i>Robert Justus 923 Morgan St.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Traumatic shock + asphyxia</i> DUE TO (b) <i>Severe burn - House burned</i> DUE TO (c) <i>Due to cigarette</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>at once</i>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Burned beyond recognition</i>			
20c. TIME OF INJURY Hour <i>4:50</i> Month, Day, Year <i>Dec 8 59</i>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. Joseph MO Rt 7</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			
21. I attended the deceased from <i>Unrecognized body</i> and last saw her <i>alive</i> on <i>Dec 8-59</i> Death occurred at <i>4:50</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>S.E. Melaney M.D. Coronor</i>				22b. ADDRESS <i>214 Kuntz Street St. Joseph 8, MO</i>		22c. DATE SIGNED <i>Dec 9 59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec 11, 1959</i>	23c. NAME OF CEMETERY OR CREMATOR <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Joseph, Mo.</i>		
24. FUNERAL DIRECTOR <i>Clark Funeral Home</i>				25. DATE RECD. BY LOCAL REG. <i>Dec. 14, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>	

DOCUMENT

S.E. Melaney M.D. MEDICAL CERTIFICATION

BY AFFIDAVIT OF

YS DEC 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Euse A Clark

Licensed Embalmer No. 4238

P. O. Address St George

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.