

FILED MAY 19 1949 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 40

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 6796		State File No. _____		Registrar's No. 40			
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY CAPE GIRARDEAU							
b. CITY OR TOWN GRAVEL HILL		c. LENGTH OF STAY (in this place) 5 YRS.		c. CITY OR TOWN GRAVEL HILL		d. STREET ADDRESS (If rural, give location) Rural Kingsdale Farm					
3. NAME OF DECEASED (Type or Print) a. (First) IRMA			b. (Middle) MARIE			c. (Last) POSTON			4. DATE OF DEATH (Month) (Day) (Year) May 7-1949		
5. SEX F.	6. COLOR OR RACE- W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Feb 11-1909		9. AGE (In years last birthday) 40	10. UNDER 1 YEAR Months 2 Days 24	11. UNDER 1 HRS. Hours - Min. -			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F.			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BOLLINGER Co., Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME DOCK NEWELL			13b. MOTHER'S MAIDEN NAME NORA WYCOFF			14. NAME OF HUSBAND OR WIFE LINUS POSTON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 702-18-3909		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LINUS POSTON BURLFORDSVILLE, Mo.						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.											
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL APOPLEXY								INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								334X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) CAUSE NATURAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) GRAVEL HILL		(COUNTY) MO		(STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) E. P. Dricker 3 CORONER				23b. ADDRESS 4 - S. Pacific St Cape Girardeau			23c. DATE SIGNED MAY 11 1949				
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE May 9-49		24c. NAME OF CEMETERY OR CREMATORY BAKER CEM.		24d. LOCATION (City, town, or county) LUTESVILLE		(State) MO.			
DATE REC'D BY LOCAL REG. May 12-49		REGISTRAR'S SIGNATURE D. G. Suber 48			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BAKER FUNERAL HOME LUTESVILLE, Mo.						

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

RECEIVED

District Health Officer No. 4

District File Number 549-62

Date Filed 5-17-4

1 MAY 15 1958

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

A J Baker

Licensed Embalmer No. 357-3

P. O. Address Luxemburg

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.