

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23803**

FILED JUL 28 1949

BIRTH NO. _____		REG. DIST. NO. <b>154</b>		PRIMARY REG. DIST. NO. <b>5575</b>		Registrar's No. <b>27</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington Twp 4 Wks 1</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Sullivan</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green City, Rural #1</b>		d. STREET ADDRESS (If rural, give location)		1 mile so. of Green City, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>93 1/2 Hillcrest, Hickman Mills, Mo.</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>CAROLINE</b>			b. (Middle) <b>Posey</b>			c. (Last) <b>Posey</b>	
(Type or Print)			4. DATE OF DEATH			5. SEX	
			July 17, 1949			Female	
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
White		Widowed		MAY 22, 1870		79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Housewife		Farm Home		Green City, Missouri		U.S.A.	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE	
Henry Pfeiffer			Julia Pfeister			Andrew J. Posey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME			
				Milton Garrison, Hickman Mills, Mo.			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar pneumonia</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <b>Senility</b>			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS			
				Conditions contributing to the death but not related to the disease or condition causing death.			
				490X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
		None				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.)		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 <b>7-7</b> , 1949, to <b>7-12</b> , 1949, that I last saw the deceased alive on <b>7-15</b> , 1949, and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<b>Dr. E. C. Hedges</b>				<b>Raytown Mo</b>		<b>7-17-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<b>Removed</b>		<b>July 17, 1949</b>		<b>MT. Olivet</b>		<b>Green City, Missouri</b>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE			
<b>7/22/49</b>		<b>Dr. James E. Hedges</b>		<b>Glenn E. Bent</b>			
				ADDRESS			
				<b>Green City, Mo.</b>			

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

No. 300  
10-48  
48

JUL 26 RECD

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.

Signed *Glenn E. Kent*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *1769*

P. O. Address *Green City, Mo.*

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.