

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8324**
 BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tilden	
c. LENGTH OF STAY (In this place) 1yr9mo4day		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Murray b. (Middle) Melvin c. (Last) POSTON			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckdriver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ava, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles F. Poston	13b. MOTHER'S MAIDEN NAME Belle Jarrett	14. NAME OF HUSBAND OR WIFE Mary Poston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW One	16. SOCIAL SECURITY NO. 332205823	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records, Springfield, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 min.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage, massive.		
	ANTECEDENT CAUSES 1. Pulmonary tuberculosis, bilateral 2. Anthraco-silicosis. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		NO 2X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	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 **June 5, 1948**, to **March 11, 1950**, and that death occurred at **12:01A m.**, from the causes and on the date stated above.

23. SIGNATURE Paul L. Eisele, Chief (Degree or title)	23b. ADDRESS Professional Service VAH., Springfield, Mo.	23c. DATE SIGNED 3-11-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Mar 12 1950	24c. NAME OF CEMETERY OR CREMATORY unknown
24d. LOCATION (City, town, or county) (State) Tilden, Illinois		

DATE REC'D BY LOCAL REG. 3-13-50	REGISTRAR'S SIGNATURE W.E. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Norman Schaff	ADDRESS Springfield, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

0396

1961 AUG 4

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 _____

Lewis G. Scharpf

Signed _____
Student Embalmer

Licensed Embalmer No. *3862*

P. O. Address *Springfield*

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.