

DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15797**

MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **142**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 34 yr		d. STREET ADDRESS (If rural, give location) 501 S Henderson	
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Norman b. (Middle) Wilson c. (Last) Poston			4. DATE OF DEATH (Month) (Day) (Year) May 9 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 31 1894	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 11 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Pure Ice Co		11. BIRTHPLACE (State or foreign country) White Water Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A					

13a. FATHER'S NAME Daniel Poston	13b. MOTHER'S MAIDEN NAME Mary Cole	14. NAME OF HUSBAND OR WIFE Daisy Poston Cape Gir.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Poston Cape Gir. Mo.	ADDRESS 4201
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) menia		MEDICAL CERTIFICATION 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) Hypertensive Cardio-Vascul.		
	DUE TO (c) arter disease & acute coronary thrombosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5/2**, 19**52**, to **5/9**, 19**52**, that I last saw the deceased alive on **5/9**, 19**52** and that death occurred at **9:17** m., from the causes and on the date stated above.

23a. SIGNATURE J.H. Kernin MD (Degree or title)	23b. ADDRESS Cape Girardeau Mo 63705	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11 1952	24c. NAME OF CEMETERY OR CREMATORY Lorimer	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 5-11-52	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Joe D. Howell	ADDRESS Cape Gir. Mo
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(Licensed Embalmer's Statement on Reverse Side)

S. No. 300
V. 10.48

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

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 W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Cape Girardeau

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.