

FILED MAY 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16997

State File No. 30281
Registrar's No. 21291

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 30281		State File No. 30281		Registrar's No. 21291					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence									
b. CITY (If outside corporate limits, write RURAL and give township) Carthage			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon			d. STREET ADDRESS (If rural, give location) /				
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks				d. STREET ADDRESS (If rural, give location) /									
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Poston			c. (Last) Poston			4. DATE OF DEATH (Month) (Day) (Year) 4-22-52				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married		8. DATE OF BIRTH 5-12-1871		9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 11	11. UNDER 1 WES. Hours 10					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) St. Francis Co. MO. U			12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Edward Poston			13b. MOTHER'S MAIDEN NAME Rachel Riddle			14. NAME OF HUSBAND OR WIFE Nannie 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Susie Younsie Miller 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. nephritis ANTECEDENT CAUSES Asford 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. Terminal hypostatic pneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 years			
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			592X					
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 Mar 4, 1952, to Apr 22, 1952, that I last saw the deceased alive on Apr 22, 1952, and that death occurred at 7:30 p.m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) J. E. Boyd, M.D.				23b. ADDRESS Carthage Mo				23c. DATE SIGNED 24 Apr 52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-1952		24c. NAME OF CEMETERY OR-CREMATORY Seymour			24d. LOCATION (City, town, or county) (State) N.E. of Miller Mo.						
DATE REC'D BY LOCAL REG. 5-20-52		REGISTRAR'S SIGNATURE (Signature) 139			25. FUNERAL DIRECTOR'S SIGNATURE (Signature) Mound - Herman			ADDRESS Miller Mo.					

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

RECEIVED 5-28-52
Jasper County Health Office

County File Number 52/5/296
Date Filed 5-28-52

Hand signed.

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 S. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.