No. 300
10-48

FILED MAY 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15295

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4433 Registrar's No. 30

860
1

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

1. PLACE OF DEATH
a. COUNTY: PUTNAM
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kno

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MO
b. COUNTY: PUTNAM
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): UNIONVILLE 0860
d. STREET ADDRESS (If rural, give location): Village

3. NAME OF DECEASED (Type or Print)
a. (First): ROSCOE
b. (Middle): FORREST
c. (Last): POSTON

4. DATE OF DEATH (Month) (Day) (Year): MAY 7 53

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: Mar. 25-1892
9. AGE (In years last birthday): 61 | If under 1 year: Months 1 Days 12 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traveling salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lath Rop Mo
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Charles A Poston
13b. MOTHER'S MAIDEN NAME: Laura Ellen Shrewsbury
14. NAME OF HUSBAND OR WIFE: Gelna Poston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 491-09-1819
17. INFORMANT'S SIGNATURE OR NAME: Gelna Poston Unionville Mo
ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) para-ganglioma (malignant) — INTERVAL BETWEEN ONSET AND DEATH: 16 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastasis into ascending
DUE TO (c) & transverse colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
193X

19a. DATE OF OPERATION: Mar 2-1953
19b. MAJOR FINDINGS OF OPERATION: para ganglioma with metastasis to colon
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 2, 1953, *to* May 7, 1953, *that I last saw the deceased alive on* May 7, 1953, *and that death occurred at* 7:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas L. Judd DO
23b. ADDRESS: Unionville Mo
23c. DATE SIGNED: 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: May 10-53
24c. NAME OF CEMETERY OR CREMATORY: Unionville
24d. LOCATION (City, town, or county) (State): Unionville, Mo

DATE REC'D BY LOCAL REG.: 5-11-53
REGISTRAR'S SIGNATURE: Marvell Durbin 266
25. FUNERAL DIRECTOR'S SIGNATURE: H. Gusted & Son
ADDRESS: Unionville Mo

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1953

MAY 21 1954

SEP 15 1954

SEP 27 1954

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 Murl E. Husted

Licensed Embalmer No. 3304

P. O. Address Unionville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.