

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10864

State File No.

FILED APR 6 1954

BIRTH NO. _____ REG. DIST. NO. 3 24 PRIMARY REG. DIST. NO. 6093 Registrar's No. 548

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

1. PLACE OF DEATH <u>Missouri</u> a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall Rural Township</u>		c. LENGTH OF STAY (In this place) <u>37 yrs 8 mo 9 d</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>		d. STREET ADDRESS (If rural, give location) <u>No record</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>Postlewait</u> c. (Last) <u>Postlewait</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 29 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 26 1903</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Jerry Willard Postlewait</u>		13b. MOTHER'S MAIDEN NAME <u>Iida Arnett</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State School Records</u> ADDRESS <u>Marshall Mo.</u>
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) <u>Intestinal Obstruction</u> ANTECEDENT CAUSES DUE TO (b) <u>Volvulus</u> DUE TO (c) _____ 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"/>
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) <u>5703</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>March 20, 1954</u> , to <u>March 29, 1954</u> , that I last saw the deceased alive on <u>March 29, 1954</u> , and that death occurred at <u>11:40 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Vivian E. Slide</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Mo. State School</u>	23c. DATE SIGNED <u>Mar 29-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-31-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mo. State School</u>	24d. LOCATION (City, town, or county) (State) <u>Saline Co., Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-31-1954</u>	REGISTRAR'S SIGNATURE <u>Widney F. Gray</u> 385	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u> ADDRESS <u>Marshall Mo</u>	

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 Joseph R. Mackle

Licensed Embalmer No. 4571

P. O. Address Marshall, M

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.