

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15694

State File No.

FILED JUN 10 1955

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence, Missouri</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>Since 1900</u>		Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>		e. STREET ADDRESS (If rural, give location) <u>1023 N. Liberty</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gilbert</u>	b. (Middle) <u>Gear</u>	c. (Last) <u>Postlewait</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 1 55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-25-1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>President of Postlewait Glass Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Glass Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rock Island, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Postlewait</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Carpenter</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Postlewait</u>
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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>196-09-9477</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Postlewait</u>	ADDRESS <u>1023 N. Liberty Ind Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholecystitis & Cholelithiasis with obstruction of gall duct</u>		
	ANTECEDENT CAUSES Morbid 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. <u>584x</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cholecystitis & cholelithiasis & obstruction of gall duct</u>	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) m.	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 May 9, 1955, to June 1st, 1955, that I last saw the deceased alive on June 1st, 1955, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Allen</u>	23b. ADDRESS <u>1354 W. Independence, Mo.</u>	23c. DATE SIGNED <u>6-3-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG <u>6-3-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	1354	25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eyler</u>	ADDRESS <u>1800 E. Linwood</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Allen
First National Bk. Bldg
Independence, Mo
Jan 22, 1943*

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
Signature of Student Embalmer

Signed *James E. Hackleman*
Licensed Embalmer No. *457*
P. O. Address *A. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.