

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36334**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **328**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give town) Jefferson City		c. CITY OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) 5 yrs		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1110 W. Dunklin Street		e. STREET ADDRESS (If rural, give location) 1110 W. Dunklin Street	
3. NAME OF DECEASED (Type or Print) a. (First) SELMA (Sallie) b. (Middle) SCHNEIDER c. (Last) POSEY			4. DATE OF DEATH (Month) (Day) (Year) Nov 17 '55
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 20 1879
9. AGE (In years last birthday) 76		10. MONTHS 7	11. DAYS 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Scruggs Station Cole Co Mo
12. CITIZENRY OF WHAT COUNTRY? USA		13a. FATHER'S NAME Louis Eggers	
13b. MOTHER'S MAIDEN NAME Catherine Rockelman		14. NAME OF HUSBAND OR WIFE Ruben P. Posey (Dec.)	
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 Mrs. Antone Schetzler		ADDRESS Jeff City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) (was found dead lying on floor on the pillow) 331X 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) Asbury Berner			
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? Asbury Berner			
22. I hereby certify that I attended the deceased from 11-17, 1955 to 19 , that I last saw the deceased alive <input checked="" type="checkbox"/> dead <input type="checkbox"/> , 19 55 , and that death occurred at 4 AM , from the causes and on the date stated above.			
23a. SIGNATURE J. Bruce		23b. ADDRESS 734 Madison	
23c. DATE SIGNED 11-17-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 19th 1955	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Missouri	
DATE REC'D BY LOCAL REG. 18 Nov 1955		REGISTRAR'S SIGNATURE R.P. Davis MD	
25. FUNERAL DIRECTOR'S SIGNATURE Tanner Funeral Home		ADDRESS Jefferson City	

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.....
Signature of Student Embalmer

Signed 
Donald P. Freeman
Licensed Embalmer No...4623

P. O. Address Jefferson, Mo
Missouri

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.