

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39438

State File No. _____

FILED DEC 7 1955

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 6181 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Penn Twp.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Penn Twp.</u>	
c. LENGTH OF STAY (In this place) <u>66 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2, Green City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 5 mi SW Green City</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Elliott</u> c. (Last) <u>Posey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1955</u>
---	---

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>8-2-1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	----------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>James William Posey</u>	13b. MOTHER'S MAIDEN NAME <u>Tamsey Robertson</u>	14. NAME OF HUSBAND OR WIFE <u>Orpha Posey</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-40-8622</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orpha Posey, Green City, Mo.</u>	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, 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>myocarditis acuta</u>		<u>5 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auricular fibrillation</u> DUE TO (c) <u>4331</u>		<u>5 mo</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			<u>1 yr</u>

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) _____
--	--	---

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 June 27, 1955, to Nov. 29, 1955, that I last saw the deceased alive on Nov. 24, 1955, and that death occurred at 1245 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Stiebler MD</u> (Degree or title)	23b. ADDRESS <u>Kimberville Mo</u>	23c. DATE SIGNED <u>11.29.55</u>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-2-55</u>	REGISTRAR'S SIGNATURE <u>Agnes L. Page</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blenn E. Heat & Son, Green City, Mo.</u>	ADDRESS _____
---	--	--	---------------

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
Student Embalmer

Signed _____

Karl R. Kent

Licensed Embalmer No. _____

4689

P. O. Address _____

Green City, 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.