

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1087**

FILED JAN 31 1957

BIRTH NO. _____ REG. DIST. NO. **135** PRIMARY REG. DIST. NO. **4308** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cainsville		c. CITY OR TOWN Cainsville	d. Is 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		e. STREET ADDRESS (If rural, give location) 0410	

3. NAME OF DECEASED (Type or Print) a. (First) Jerry	b. (Middle) R.	c. (Last) Posler	4. DATE OF DEATH (Month) (Day) (Year) January 25 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 30 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and State or Foreign Country) Cainsville, Missouri.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Posler	13b. MOTHER'S MAIDEN NAME Anna Skakal	14. NAME OF HUSBAND OR WIFE Anna L. Posler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 487-42-9511	17. INFORMANT'S SIGNATURE OR NAME Anna L. Posler ADDRESS Cainsville, Mo.
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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 5 days 6 weeks several years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Hypertension		
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 331X	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Neither	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)	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 **December 12, 1956**, to **January 24, 1957**, that I last saw the deceased alive on **January 24, 1957**, and that death occurred at **1:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William D. Ellsworth M.D.	23b. ADDRESS Cainsville, Missouri.	23c. DATE SIGNED Jan 26, 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 27, 1957	24c. NAME OF CEMETERY OR CREMATORY Bohemian Cemetery	24d. LOCATION (City, town, or county) (State) Ridgeway, Mo.
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DATE REC'D BY LOCAL REG. Jan. 27, 1957	REGISTRAR'S SIGNATURE H. K. Brewer	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cainsville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

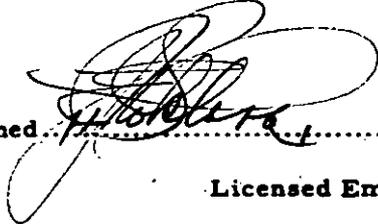
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APR 2 1957

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 Eddie J1 Stoklasa, Student Embalmer No. working under my personal supervision.:

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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