

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

FILED JUN 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17292

STATE FILE NUMBER
2394

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2394

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hospital		Length of stay in lb. 30 yrs.	
3. NAME OF DECEASED (Type or print) First Ben Middle F. Last Poston		4. DATE OF DEATH Month 5 Day 22 Year 57	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY K. C. Post Office	11. BIRTHPLACE (City and state or country) Unknown 9
13a. FATHER'S NAME Ben. F. Poston, Sr.		13b. MOTHER'S MAIDEN NAME Louisa Pierce	14. NAME OF HUSBAND OR WIFE None
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 Address Mrs. Tudhope Platte Woods, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Decompensation - cardiac			INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ca of. lolo			1 yr.
DUE TO (c)			153x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Aug. 27, 1955 to May 22, 1957 and last saw <input checked="" type="checkbox"/> alive on May 22, 1957 Death occurred at 6:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.A. Nigro		22b. ADDRESS 1222. McGee St., K.C., Mo.	22c. DATE SIGNED 5-22-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-23-57	23c. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery	23d. LOCATION (City, town, or county) (State) Longmont, Colorado
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar		25. DATE RECD. BY LOCAL REG. KCMO. 5-23-57	26. REGISTRAR'S SIGNATURE Neve Marshall



Dr. Al Nigro
after 1pm

B6
12 1951

STATEMENT BY LICENSED EMBALMER

Hackblina

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. Hackblina

Licensed Embalmer No. *4573*

P. O. Address *P.O. 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.