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FILED SEP 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32107
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4014

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5415 FOREST — Length of stay in 1b 35 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5415 FOREST AVE. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MARY Middle Last POSEY

4. DATE OF DEATH Month Day Year AUGUST 24 1957

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH MARCH 7, 1886
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SEAMSTRESS
10b. KIND OF BUSINESS OR INDUSTRY GARMENT FACTORY
11. BIRTHPLACE (City and state or country) KIRKSVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Gillam Garwood
13b. MOTHER'S MAIDEN NAME REBECCA SHOCKEY
14. NAME OF HUSBAND OR WIFE NORRIS E. POSEY

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. 495-07-3830
17. INFORMANT MR. NORRIS E. POSEY Address 5415 FOREST AVE. K.C. MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral arteriosclerosis — ?
DUE TO (c) — 331 X H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma colon

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1955, to Aug 24-57 and last saw her/him alive on Aug 23-1957
Death occurred at 6 30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm R. Jackson MD
22b. ADDRESS 1107 Bryant Bldg
22c. DATE SIGNED 8/24/57

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~ Burial
23b. DATE AUG-27-1957
23c. NAME OF CEMETERY OR ~~CREMATORY~~ MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI

24. FUNERAL DIRECTOR R.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK K.C., MO.
25. DATE RECD. BY LOCAL REG. 8-27-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Wm. R. Jackson

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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K C 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.