RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

[redacted]

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1680 STATE FILE NUMBER 60-008738

DED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis, Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Deaconess Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri. b. COUNTY: Miller
c. CITY OR TOWN: Eldon
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Rt.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Last: Posten
4. DATE OF DEATH: Month: February Day: 11, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/9/1890
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroad Man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Missouri.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Posten
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Nellie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. # 1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Miss Shirley Posten, Address: 4500 Washington, Blvd

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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pneumonia, right middle lobe
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Jan 15, 1960, to present and last saw him alive on Feb. 11, 1960
Death occurred at 1:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert C. Kingsland (Degree or title) MD
22b. ADDRESS: 14 Forsyth Walk Clayton 5, Mo
22c. DATE SIGNED: 2-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-13-60
23c. NAME OF CEMETERY OR CREMATORY: Dooley Cemetery
23d. LOCATION (City, town, or county) (State): Eldon, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe Inc., 4700 Washington, Blvd
25. DATE RECD. BY LOCAL REG.: FEB 13 1960
26. REGISTRAR'S SIGNATURE: Karl Smith, M.D. MDS

(Licensed Embalmer's Statement on Reverse Side)

0961

STATEMENT BY LICENSED EMBALMER

APR 28 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Robert M. Murra

Licensed Embalmer No. 374

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.