

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

53

Registration District No. 3010

Registrar's No. 245

=60-022535

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau									
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		Length of stay in 1b 17 Years		c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.Mo. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 419 So. Hanover St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Linus Middle A. Last Poston				4. DATE OF DEATH Month June Day 12 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/13/1916		9. AGE (last birthday) 43		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper			10b. KIND OF BUSINESS OR INDUSTRY Suedekum Hdwe		11. BIRTHPLACE (City and state or country) Laflin, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Poston			13b. MOTHER'S MAIDEN NAME Lena Sprengel			14. NAME OF HUSBAND OR WIFE Eula Poston							
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. 496-18-6097		17. INFORMANT Address Mrs. Eula Poston, Cape Girardeau, 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) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pyelonephritis and Diabetic nephropathy DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) old Poliomyelitis Deformities PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown INTERVAL BETWEEN ONSET AND DEATH 1 year 4 years +													
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 _____ a.m. _____ p.m.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 May, 1958 to 6-12-60 and last saw him alive on 6-12-60 Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Ronald M. Hoxworth, M.D.						22b. ADDRESS 24 N. Sprigg Street Cape Girardeau, Missouri			22c. DATE SIGNED 6/13/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/15/1960		23c. NAME OF CEMETERY OR CREMATORY Barks Chapel Cemetery			23d. LOCATION (City, town, or county) (State) Whitewater, Mo.						
24. FUNERAL DIRECTOR L. L. Haman, Cape Girardeau, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-16-60		26. REGISTRAR'S SIGNATURE Irma Kasten					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 21 1960

VS FEB 1 1961

STATEMENT BY LICENSED EMBALMER

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 Howard B. Haman

Licensed Embalmer No. 4122

P. O. Address Cape Girardee

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.