

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046285

FILED VS DEC 19 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6027 STATE FILE NUMBER

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		Length of stay in lb 50 YEARS	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5841 ELMWOOD AVENUE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3011 EAST 77TH STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First PEARL Middle POSTEL Last POSTEL			4. DATE OF DEATH Month NOVEMBER Day 29 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/12/1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) FIGG, NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ELI S. ROBINSON		13b. MOTHER'S MAIDEN NAME CLARA WINEBARGER		14. NAME OF HUSBAND OR WIFE C. R. POSTEL		
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. 490-42-4412		17. INFORMANT JOHN R. POSTEL Address 5211 CLEVELAND AVENUE KANSAS CITY, MISSOURI		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 18 Mo years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Atherosclerotic Myocarditis	
	DUE TO (c) Atherosclerosis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Aug 13, 1960 to Nov 29 1960 and last saw her alive on Nov 29, 1960
 Death occurred at 9:15 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.		22b. ADDRESS 730 Prof Bg Kansas City Mo		22c. DATE SIGNED 11/29/60
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 1, 1960	23c. NAME OF CEMETERY OR CREMATORIUM COLE CAMP CEMETERY		23d. LOCATION (City, town, or county) 1 1/2 MILES WEST OF COLE CAMP, MO.
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KANSAS CITY, MO. ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 12-1-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

BY AFFIDAVIT OF Wm. H. Goodson, J. MEDICAL CERTIFICATION

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 Marvin D. Prieston

Licensed Embalmer No. 5040

P. O. Address K. C. M.

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.