

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boone Terre Rt 1, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boone Terre Rt 1</u> 98	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry Township</u>		d. STREET ADDRESS (If rural, give location) <u>Boone Terre Rt 1</u> 8	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elias</u> b. (Middle) <u>Guy</u> c. (Last) <u>POSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12 1949</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 12, 1874</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>8</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>owner-lead</u>		11. BIRTHPLACE (State or foreign country) <u>St. Francois, County, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Elias Simpson Poston</u>		13b. MOTHER'S MAIDEN NAME <u>Jo Ann Ranson</u>		14. NAME OF HUSBAND OR WIFE <u>Mattha Poston</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Garrett Poston</u> R.#1 ADDRESS <u>Boone Terre, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>at least 3 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5925</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 26, 1948, to Feb. 10, 1949, that I last saw the deceased alive on Feb. 10, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Merwin J. Haw, D.O.</u>		23b. ADDRESS <u>Boone Terre, Mo.</u>		23c. DATE SIGNED <u>2-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boone Terre Cath. Cem</u>	
		24d. LOCATION (City, town, or county) (State) <u>Boone Terre, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>Feb 16 1949</u>		REGISTRAR'S SIGNATURE <u>Ethelred Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u> ADDRESS <u>Flat R, Wey, Mo.</u>	
--	--	--	--	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEARCH OFFICER No. 4
NUMBER 249-2
2-21-

AUG 30 1953

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
Student Embalmer

Signed Geo. R. Cardwell

Licensed Embalmer No. 2531

P. O. Address Flat River 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 this body is not embalmed, fact should be so stated above.