

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 947

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 3 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 E. 36th St. Conv. Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lizzie	b. (Middle) Lynn	c. (Last) Postlewait	(Month) 2-26	(Day) 49	(Year)

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Sept. 15 1865	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 83	IF UNDER 24 HRS. Hours 83	IF UNDER 1 MIN. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Canada 2		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Robert Lynn		13b. MOTHER'S MAIDEN NAME Flora McKillop		14. NAME OF HUSBAND OR WIFE Dr. J. A. Postlewait	
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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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Thomas P. Beyer St. Paul, Minn.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-Pneumonia						14 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertension + arteriosclerosis					15 years
	DUE TO (c) Hypertrophic Arthritis					25 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	7.5 X					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
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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?		
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22. I hereby certify that I attended the deceased from **Jan 3, 1944**, to **2-26, 1949**, that I last saw the deceased alive on **2-26, 1949**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Leitz M.D. (Degree or title)		23b. ADDRESS 1530 Prof. Bldg. Tarkio, Mo.		23c. DATE SIGNED 2-28-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-28-49	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		
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DATE REC'D BY LOCAL REG. 3-1-49	REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten notes in the top right corner, including the word "body" written vertically.

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.

Signed _____

Robert W. Reed

Signed _____

Student Embalmer

Licensed Embalmer No. _____

3745

P. O. Address _____

H. 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 this body is not embalmed, fact should be so stated above.