

FILED AUG 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24010

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St James</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St James Mo</i>	
c. LENGTH OF STAY (in this place) <i>5 years</i>		d. STREET ADDRESS (In rural, give location) <i>Soldiers Home 0818</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Soldiers Home Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>S</i> c. (Last) <i>POSEY</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>7-22-51</i>		
---	--	--	--	--	--

5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Nov 30-1859</i>	9. AGE (In years last birthday) <i>91</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>22</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
-----------------	---------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <i>Home Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
--	--	-----------------------------------	--	---	--	--	--

13a. FATHER'S NAME <i>Dont Know</i>		13b. MOTHER'S MAIDEN NAME <i>Dont Know</i>		14. NAME OF HUSBAND OR WIFE			
-------------------------------------	--	--	--	-----------------------------	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Soldiers Home</i>		ADDRESS <i>St James Mo</i>	
---	--	-------------------------------------	--	--	--	----------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Decompensation</i>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Atherosclerosis</i>				<i>1 day</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				<i>40 yrs.</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility (19 yrs)</i>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <i>4500</i>		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) (Min.)		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 *July 1, 1946*, to *7-22, 1951*, that I last saw the deceased alive on *7-22, 1951*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>P. A. Stucker MD</i> (Degree or title)		23b. ADDRESS <i>St James Mo</i>		23c. DATE SIGNED <i>7-23</i>	
--	--	---------------------------------	--	------------------------------	--

24a. BURIAL (CREMATION) REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-25-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Windsor Cem</i>		24d. LOCATION (City, town, or county) (State) <i>Windsor Ill</i>	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <i>7-27-51</i>		REGISTRAR'S SIGNATURE <i>Cara C. Birmingham</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>E. Sickler</i>		ADDRESS <i>St James Mo</i>	
---	--	---	--	--	--	----------------------------	--

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

810
5

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Creel E. Lickliter* _____

Licensed Embalmer No. *3544* _____

P. O. Address *St James 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 this body is not embalmed, fact should be so stated above.