No. 300
10.48

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5211

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 671

4

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1318 EAST ARMOUR ELMS NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 3336 GILLHAM ROAD

5198
5110

3. NAME OF DECEASED (Type or Print): a. (First) LEANORA b. (Middle) c. (Last) POSEY

4. DATE OF DEATH (Month) FEB (Day) 10 (Year) 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: SEPT. 5. 1882
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: 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 (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: WILLIAMS POTTS
13b. MOTHER'S MAIDEN NAME: MARY BILES
14. NAME OF HUSBAND OR WIFE: HARVEY POSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Walter Betts — ADDRESS: 7701 Penn. K.C. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Decomp. — 2 wks.
DUE TO (c): Syphilis C.N.S. — 25 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Tract. ~~femur~~ 2-17-1951 — 1 yr.

19a. DATE OF OPERATION: 2-20-51
19b. MAJOR FINDINGS OF OPERATION: Tract. ~~femur~~ Tibia & fibula R 1216 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Over
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1318 E. Armour K.C. Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? fell in apt. 3336 Gillham

22. *I hereby certify that I attended the deceased from* 2-10, 1951, *to* 2-10, 1952, *that I last saw the deceased alive on* 2-9, 1952, *and that death occurred at* 10:48 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE F. H. Wakefield (Degree or title): F. H. Wakefield M.D. MD
23b. ADDRESS: 1102 Grand K.C. Mo.
23c. DATE SIGNED: 2-11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: FEB 12-1952
24c. NAME OF CEMETERY OR CREMATORY: NEWCOMERS VAULTS MT. MORIAH CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 2-12-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons — ADDRESS: 1331 Brush Creek Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

PP-

JUN 17 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Basil V. Honey

Signed.....
Student Embalmer

Licensed Embalmer No. 4724

P. O. Address Gashland, 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.