

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10035

State File No. ....

1677

FILED APR 9 1953

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

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (In this place) (township) 55 YEARS

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

d. STREET ADDRESS (If rural, give location) 335 EAST 33 ST. #A

3. NAME OF DECEASED

a. (First) JAMES b. (Middle) B. c. (Last) POSEY

4. DATE OF DEATH (Month) (Day) (Year) MARCH 24 1953

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH June 25 1888 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days IF UNDER 12 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR 10b. KIND OF BUSINESS OR INDUSTRY PRIVATE FAMILY 11. BIRTHPLACE (City and State or Foreign Country) KANSAS 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM POSEY 13b. MOTHER'S MAIDEN NAME Lucy Olive Crowley 14. NAME OF HUSBAND OR WIFE Annie May 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. 495-24-9115 17. INFORMANT'S SIGNATURE OR NAME Mrs. EMALINE KEMPSTER ADDRESS 5307 A ST. MISSION, KANS.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute myocardial infarction MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 1/2 hrs

ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 yr!

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 8/24, 1953, to 3/24, 1953, that I last saw the deceased alive on 3/24, 1953, and that death occurred at 8:55 Am., from the causes and on the date stated above.

23a. SIGNATURE J. D. Bennett (Degree or title) MD 23b. ADDRESS Prof. Bldg Kansas City Mo 23c. DATE SIGNED 3/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 3-27-53 24c. NAME OF CEMETERY OR CREMATORY Elmwood 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 3-25-53 REGISTRAR'S SIGNATURE Geraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer Sons ADDRESS 1337 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmers' Statement on Reverse Side)

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

11:30 - 5:00 P.M.

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 Charles H. Flicker

Licensed Embalmer No. 4560

P. O. Address KP, 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.