

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8451**
1296

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY CLAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY Sedgewick | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY NORTH | | c. CITY OR TOWN Wichita | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) MINUTES | | e. STREET ADDRESS (If rural, give location) 257 N. EDGE MORE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MUNICIPAL AIRPORT | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) A c. (Last) POSTLEWAIT | | | 4. DATE OF DEATH Mar 23 1956 | | |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Nov. 17, 1890 | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months _____ Days _____ |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MGR SPENCER CHEMICAL Co | 10b. KIND OF BUSINESS OR INDUSTRY Wichita KS. | 11. BIRTHPLACE (City and State or Foreign Country) CRESTON IOWA | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME O. S. Postlewait | 13b. MOTHER'S MAIDEN NAME Barbara J. Howard | 14. NAME OF HUSBAND OR WIFE Rhea Postlewait |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or date of service) W-W-I | 16. SOCIAL SECURITY NO. 487-03-2412 | 17. INFORMANT'S SIGNATURE OR NAME Rhea Postlewait ADDRESS Wichita, KS. |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown: Possibly Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 420 |
| | ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | |
| | DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Had just displaced from St Louis, Conditions contributing to the death but not related to the disease or condition causing death. Dying suddenly. | | |

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| 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) None | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE O. S. Pat (Degree or title) M.D. Coronar | 23b. ADDRESS North Kansas City Mo | 23c. DATE SIGNED 3/23/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 3-23-56 | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) Wichita, Kansas |
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| DATE REC'D BY LOCAL REG. 3-24-56 | REGISTRAR'S SIGNATURE Neva Minchall | 25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newsome ADDRESS Some North Kansas City |
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(Licensed Embalmer's Statement on Reverse Side)

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

3

MAY 8 1958

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.....
Signature of Student Embalmer

Signed *John H. Kalstbeck*.....

Licensed Embalmer No. *494*

P. O. Address *No. Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.