

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004360
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 1 Primary Registration District No. Registrar's No. 60

1. PLACE OF DEATH a. COUNTY ADOIR		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ADOIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ADOIR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ADOIR Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WEST SIDE TOWN		d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Louis Middle JOSEPH Last POSTON		4. DATE OF DEATH Month FEB Day 17 Year 1959	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 3, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY RETAIL	11. BIRTHPLACE (City and state or country) ADOIR, Missouri
13. FATHER'S NAME WILLIAM J. POSTON		14. MOTHER'S MAIDEN NAME BRIDGET COOY	
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. 491-14-1639	17. INFORMANT MRS. MARGARET POSTON Address ADOIR, Mo.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Debility & Inanition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hemiplegia & Recumbency DUE TO (c) Cerebral Hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 10 days 3 yrs. 9 months 3 yrs. 9 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 334X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from June, 1955 to 2-17-1959 and last saw him alive on 2-14-59 Death occurred at 6:00 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. Bestman D.O.		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 2/19/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB 20, 1959	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	23d. LOCATION (City, town, or county) (State) ADOIR Missouri
24. FUNERAL DIRECTOR Kelley Rogers	ADDRESS Brunswick Mo	25. DATE RECD. BY LOCAL REG. 2-19-1959	26. REGISTRAR'S SIGNATURE Doris W. Rathoff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with respect to diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

E. BESTMAN, D.O.

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JUN 4 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, ~~or by~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard B. Kelly*.....

Licensed Embalmer No. *418*.....

P. O. Address *Estimote, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E
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.