

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012576

STATE FILE NUMBER

FILED MAY 5 1959

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 152

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital 10 hours		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 771 West Rodney	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle GLENN Last POSTON			4. DATE OF DEATH Month April Day 25 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 18, 1941		9. AGE (In years last birthday) 17 Months 9 Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Box sealer		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory		11. BIRTHPLACE (City and state or country) Cape Girardeau, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Glenn Poston		13b. MOTHER'S MAIDEN NAME Dorothy Boyer	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 0		16. SOCIAL SECURITY NO. 500-38-9650	
17. INFORMANT Glenn Poston		Address Cape Girardeau, 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) Acute Subarachnoid Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Rupture of Aneurysm of Posterior Cerebral artery DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 330X	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m. 		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 4/25/59 to and last saw him alive on 4-25-59 Death occurred at 10:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE Israel M. Hoxworth, M.D.		(Degree or title)		21b. ADDRESS 24 N. Spring Cape Girardeau, Mo.	
21c. DATE SIGNED 4/29/59		21d. NAME OF CEMETERY OR CREMATORY Memorial Park Cen.		21e. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
21f. DATE April 28, 1959		21g. NAME OF CEMETERY OR CREMATORY		21h. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR Waltier's Funeral Home		ADDRESS Cape Gir. Mo.		25. DATE RECD. BY LOCAL REG. 4-29-1959	
26. REGISTRAR'S SIGNATURE Irene Kasten					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 5 1922

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 *Virgil H. Kelch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.