

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016999  
STATE FILE NUMBER

FILED MAY 19 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Charles</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		Length of stay in lb <b>0</b>	d. STREET ADDRESS (If outside, give location) <b>1212 Allen Ave.</b>
3. NAME OF DECEASED (Type or print) First <b>Suzanne</b> Middle Last <b>Posey</b>			4. DATE OF DEATH Month <b>5</b> Day <b>11</b> Year <b>1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 20 1950</b>
9. AGE (In years last birthday) <b>8</b>		IF UNDER 1 YEAR Month <b>10</b> Day <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Auburn Alabama</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13. FATHER'S NAME <b>Walter Posey</b>	
13b. MOTHER'S MAIDEN NAME <b>Wilda Oliver</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT <b>Mr Walter Posey, St Charles Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>SPINAL SHOCK -</b> DUE TO (b) <b>SKULL FRACTURE -</b> DUE TO (c) <b>AUTO ACCIDENT 9254</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>FRACTURED NECK -</b>			INTERVAL BETWEEN ONSET AND DEATH <b>33</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>AUTO ACCIDENT</b>		20c. TIME OF INJURY Hour <b>2:00</b> Month <b>5</b> Day <b>11</b> Year <b>59</b>	
20d. INJURY OCCURRED WHILE AT WORK <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.) <b>HIGHWAY 3 NORTH - EAST CAPE-ALEX., ILL.</b>	20f. CITY, TOWN, OR LOCATION <b>812</b>
21. I attended the deceased from Death occurred at <b>2:00 P.M.</b> to <b></b> and last saw her alive on <b></b> him <b></b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Chas. Schuler D. Coroner</b>	
22b. ADDRESS <b>Cape Girardeau, Mo</b>		22c. DATE SIGNED <b>5/11/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5-11-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fort Payne Alabama</b>
23d. LOCATION (City, town, or county) (State) <b>Fort Payne Alabama</b>		24. FUNERAL DIRECTOR <b>Wilson Funeral Home Fort Payne Alabama</b>	
25. DATE RECD. BY LOCAL REG. <b>5-12-1959</b>		26. REGISTRAR'S SIGNATURE <b>Drene Kasten</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

MAY 21 1959

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 *W. H. Eester* .....

Licensed Embalmer No. *3568* .....

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