Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017086
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 419 Isley Blvd. — Length of stay in 1b 2 Months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 712 Milwaukee Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First John Middle Harvey Last Posey
4. DATE OF DEATH Month April Day 27 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 17, 1891
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months 1 Days 10 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking Business
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (City and state or country) Bucklin, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Franklin Posey
13b. MOTHER'S MAIDEN NAME Maggie Jane Yount
14. NAME OF HUSBAND OR WIFE Bulah Maude Posey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. No.
17. INFORMANT Mrs. Bulah Maude Posey, Address Ex. Spgs, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in filling out the symptoms, complications, etc. leading to death. No symptoms, complications, etc. should be written in Part I unless they are considered to be the cause of death. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral pulmonary Tbc. advanced — INTERVAL BETWEEN ONSET AND DEATH 5-8 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 00 2X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 5-24-59, to 27 Apr 59 and last saw ~~her~~ him alive on 27 Apr. 59
Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George E Sanders M.D. (Degree or title)
22b. ADDRESS Excelsior Springs Mo.
22c. DATE SIGNED Apr 28, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/30/59
23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
23d. LOCATION (City, town, or county) (State) Excelsior Springs, MO

24. FUNERAL DIRECTOR Virgil Hope, ADDRESS Ex. Spgs. Mo
25. DATE RECD. BY LOCAL REG. 5-14-59
26. REGISTRAR'S SIGNATURE Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
22 1959
CLAY CO.,
HEALTH CENTER

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Eskelsior Spring

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.