

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027975

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2,000 Registrar's No. 1166

FILED JUL 29 1963

VS 300 Rev. 4/59	DATE AMENDED	
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	INSTEAD OF	
	SHOULD READ	
	BY AFFIDAVIT OF	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

1. PLACE OF DEATH a. COUNTY Greene County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
Length of stay in 1b 30 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1004 North Campbell		d. STREET ADDRESS (If outside, give location) 1004 N. Campbell	
3. NAME OF DECEASED (Type or print) First Cora Middle Franklin Last Poston		4. DATE OF DEATH Month July Day 21 Year 1963	
5. SEX Male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7 1880
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired grocer		10b. KIND OF BUSINESS OR INDUSTRY Grocery business	11. BIRTHPLACE (City and state or country) Greene County, Mo.
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME James Poston	
13b. MOTHER'S MAIDEN NAME Hiada (unknown)		14. NAME OF HUSBAND OR WIFE Amahda Bell Poston	
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. _____	
17. INFORMANT Mrs. Ada Montgomery, Marionville, Mo.		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 30 days 10 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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. 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.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 7-1-63 to 7-20-63 and last saw her alive on 7-20-63 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Don E. Marchetti, M.D.		22b. ADDRESS Springfield, Mo	
22c. DATE SIGNED 7-23-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 21, 1963	23c. NAME OF CEMETERY OR CREMATOR Mt. Olive Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Missouri.
24. FUNERAL DIRECTOR Bradford-Surridge, Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 7-24-63	26. REGISTRAR'S SIGNATURE Effie G. Melton

USE BLACK INK OR TYPEWRITER RIBBON

AUG 16 1963

7/21/63

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 William A. Fuller

Licensed Embalmer No. 4658

P. O. Address Marionville

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.