

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030509  
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 329

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**FILED AUG 31 1961**

**1. PLACE OF DEATH**  
 a. COUNTY St. Francois  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Bonne Terre Length of stay in 1b  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 410 Huff Court Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St. Francois  
 c. CITY OR TOWN Bonne Terre Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 410 Huff Court Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First John Middle Lewis Last Poston  
**4. DATE OF DEATH** Month August Day 19 Year 1961

**5. SEX** Male  
**6. COLOR OR RACE** White  
**7. Married**  Never Married  Widowed  Divorced

**8. DATE OF BIRTH** 2/11/1895 **9. AGE (last birthday)** 66  
 IF UNDER 1 YEAR: Months 6 Days 8  
 IF UNDER 24 HR: Hours 8 Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) U.S. Postal Service  
**10b. KIND OF BUSINESS OR INDUSTRY** Postmaster  
**11. BIRTHPLACE** (City and state or country) Hazel Runn Mo  
**12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Jeff D. Poston **13b. MOTHER'S MAIDEN NAME** Annie E. Thurman **14. NAME OF HUSBAND OR WIFE** Pearl Ann Morris 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.** None **17. INFORMANT** Mrs. Pearl Poston, Bonne Terre, 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) Aortic stenosis insufficiency  
 DUE TO (b) Rheumatic heart disease  
 DUE TO (c)   
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal ulcer  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown  
 INTERVAL BETWEEN ONSET AND DEATH Many years duration

**19. WAS AUTOPSY PERFORMED?** YES  NO   
**20a. ACCIDENT**  **20b. SUICIDE**  **20c. HOMICIDE**   
**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   
 s.m. p.m.

**20d. INJURY OCCURRED WHILE AT WORK**  **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)   
**20f. CITY, TOWN, OR LOCATION** Bonne Terre, Mo. COUNTY  STATE

**21. I attended the deceased from** 8-25-53 to 8-11-61 and last saw him alive on 8-11-61  
 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)  **22b. ADDRESS** Bonne Terre, Mo. **22c. DATE SIGNED** 8-21-61

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** Aug. 24, 1961 **23c. NAME OF CEMETERY OR CREMATORY** Marvin Chapel Cemetery, East Bonne Terre, Mo. **23d. LOCATION** (City, town, or county) (State)

**24. FUNERAL DIRECTOR** Dale Sparks, Bonne Terre, Mo. ADDRESS  **25. DATE RECD. BY LOCAL REG.** Aug 23, 1961 **26. REGISTRAR'S SIGNATURE** Ether Rudloff

AUG 31 1961

**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 *Everett Sparks.*

Licensed Embalmer No. 4287.

P. O. Address *Bonne Terre 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.