

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 151

PLACE OF DEATH  
AND  
RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Globe</u>	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>25 yrs</u> <u>life</u>	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>Globe</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION <u>259 East Apache st.</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>259 East Apache street</u>	

DECEDENT  
PERSONAL  
DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>John</u> B. (MIDDLE) <u>Louis</u> C. (LAST) <u>Postert</u>			4. SEX <u>male</u>	5. COLOR OR RACE <u>white</u>
6. MARRIED - - - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH <u>Feb</u> DAY <u>28</u> YEAR <u>1911</u>	8. AGE YEARS <u>43</u> MONTHS <u>1</u> DAYS <u>21</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>foreman, smelter-copper mine</u>	9B. KIND OF BUSINESS OR INDUSTRY <u>copper mining</u>
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Bisbee, Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>	13. SOCIAL SECURITY NO. <u>526-05-9746</u>	
14A. FATHER'S NAME <u>Lonnie Louis Postert</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Texas</u>	15A. MOTHER'S MAIDEN NAME <u>Paulina Warzinek</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>
16. INFORMANT'S SIGNATURE <u>Mary Gene Postert Globe Ariz</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 19-1954 at 1:00pm.</u>		

CAUSE OF DEATH  
TEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). <u>#501</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		<u>immediate</u>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Coronary atherosclerosis</u>		<u>?</u>
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>acute indigestion</u>		<u>24 hrs</u>

OPERATIONS  
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	21C. (CITY OR TOWN)	(COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

MEDICAL  
PRONER'S  
CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Apr 2, 1954, TO 4-17, 1954. THAT I LAST SAW THE DECEASED ALIVE ON 4-17, 1954. AND THAT DEATH OCCURRED AT 1P M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <u>Keith O. Huffman D.O.</u>	23B. ADDRESS <u>342843 - Globe Ariz</u>	23C. DATE SIGNED <u>4-20-54</u>
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GENERAL  
DIRECTOR  
AND  
STRAR

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>April 23, 1954</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona.</u>
25A. DATE REC'D BY LOCAL REG. <u>4-20-54</u>	25B. REGISTRAR'S SIGNATURE <u>Doree Vanable</u>	26. FUNERAL DIRECTOR'S SIGNATURE <u>Gene James Wacker</u> ADDRESS <u>Globe Ariz</u>	
		27. EMBALMER'S SIGNATURE <u>Gene James Wacker</u> # <u>323</u> CEM. NO.	