

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14314

FILED MAY 14 1945

Registration District No. 1

Primary Registration District No. 428

Registrar's No. 16

1. PLACE OF DEATH

(a) County Pulaski
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JIMMIE LEE AVERY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (b) Name of husband or wife Baby 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 15 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months 13 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Richland (City, town, or county) mo (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ethan S. Avery
13. Birthplace mo (City, town, or county) (State or foreign country)
14. Maiden name Virginia Mary Ogles
15. Birthplace mo (City, town, or county) (State or foreign country)

16. (a) Informant Ethan Lee Avery
(b) Address Richland
17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Danville Cemetery

18. (a) Signature of funeral director R. B. Temple
(b) Address Richland
19. (a) April 1-1945 (b) Ethan S. Avery
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 45 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 28, 1945, to Feb 28, 1945.
that I last saw him alive on Feb 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Failure
Due to unknown
Due to unknown

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 158
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work _____ Means of injury _____
23. Signature Orville A. Oliver (M. D. or other) MD
Address Richland Date signed 2.28/45

1170 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
..... Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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 this body is not embalmed, fact should be so stated above.