

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29214

State File No.

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

BIRTH NO.		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>5057</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry (Kings Prairie)</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barry</u> c. LENGTH OF STAY (in this place) <u>35 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> d. STREET ADDRESS (If rural, give location) <u>RR # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emile</u> b. (Middle) <u>Avondet</u> c. (Last) <u>Avondet</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 16 - '49</u>		5. SEX <u>m.</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>9-29-1890</u>		9. AGE (In years last birthday) <u>59</u>		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bert Avondet</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Vincon</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Avondet Monett, mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Stop</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Psychoneurosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>6976X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In House</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monett Barry Mo.</u>		21f. HOW DID INJURY OCCUR? <u>D</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>2/14</u> 19 <u>49</u> , to <u>9/12/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/12/49</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank R. M.D.</u>		23b. ADDRESS <u>Monett Mo.</u>		23c. DATE SIGNED <u>9/20/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 18 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waldensian Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-26-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett - Normington</u>		ADDRESS <u>Monett Mo.</u>	

RECEIVED SEP 28 1949

District Health Office No. 6,

District File Number 1049-1095

Date Filed 10-10-49

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Gordon Bennett

Signed
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Bennett Bros.

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.