

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JAN 4 1950

State File No. 43525

BIRTH NO.		REG. DIST. NO. 376		PRIMARY REG. DIST. NO. 4560		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORWOOD MO.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Campfield</u>		116	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u>		b. (Middle)		c. (Last) <u>AVERILL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-20-1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>JAN 13, 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>11</u>		11. DAYS <u>7</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>FRANK AVERILL</u>		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Averill, Norwood, 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>Arterial Sclerosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) Mitral insufficiency</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4.0X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-15</u> , 19 <u>49</u> , to <u>12-18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-18</u> , 19 <u>49</u> , and that death occurred at <u>3:35 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Van Nostrand</u>		23b. ADDRESS <u>1102 WOOD ST.</u>		23c. DATE SIGNED <u>12-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-21-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK FOREST</u>		24d. LOCATION (City, town, or county) (State) <u>NORWOOD MO.</u>	
DATE REC'D BY LOCAL REG. <u>12/28/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. R. Washburn</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shable W. W. W. W.</u>		ADDRESS <u>1111 1/2 N. Grove, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 28 1949
District Health Office No. 6,
District File Number 12-49-1411
Date Filed 12-28-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address Wm. Gray

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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