

FILED APR 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12761

State File No.

| | | | | | | | |
|--|-------------------------------|--|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>140</u> | | PRIMARY REG. DIST. NO. <u>5542</u> | | Registrar's No. <u>27</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | | | |
| a. COUNTY <u>Howard</u> | | | | a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Bonne Femme</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Bonne Femme Twp.</u> | | | |
| c. LENGTH OF STAY (in this place) <u>50 yrs</u> | | | | d. STREET ADDRESS (If rural, give location) <u>R.R. Harrisburg Mo.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. Harrisburg Missouri</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Martha</u> | | b. (Middle) <u>Ellen</u> | | c. (Last) <u>Avery</u> | |
| 4. DATE OF DEATH | | (Month) <u>Mar.</u> | | (Day) <u>25,</u> | | (Year) <u>1950</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>3/2/1893</u> | | 9. AGE (In years last birthday) <u>57</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u> | | 11. BIRTHPLACE (State or foreign country) <u>Howard County Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>A. L. Porter</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Walker</u> | | 14. NAME OF HUSBAND OR WIFE <u>James Henry Avery</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> | | 16. SOCIAL SECURITY NO. <u>-----</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>James Henry Avery</u> ADDRESS <u>Harrisburg Mo.</u> | | | |
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | |
| | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) <u>unknown</u> | | | | | |
| | | DUE TO (c) <u>-----</u> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS* | | | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Mon 25</u> , 19 <u>50</u> , to <u>Mon 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mon 25</u> , 19 <u>50</u> , and that death occurred at <u>1:30 p m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>V. S. Robinson</u> | | (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>Higbee, Mo</u> | | 23c. DATE SIGNED <u>3-28-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3/27/1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>3-29-50</u> | | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u> ADDRESS <u>Fayette, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 40
10.48

RECEIVED APR 5

District Health Officer No. 8,

District File Number

Date Filed 4-19-50

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, on by

Student Embalmer No.

working under my personal supervision.

Signed

Raysh A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Lafayette 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 this body is not embalmed, fact should be so stated above.