

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1951

BIRTH NO. 46675-59 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, address before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>1013 N. Fountain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>Laura Catherine Avery</u>	a. (First) <u>Laura</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Avery</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 29 1950</u>
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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>May 31, 1950</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>0 6 28</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>h</u>	11. BIRTH PLACE (State or foreign country) <u>Farmbelt, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13. FATHER'S NAME <u>Harry E. Avery</u>	13c. MOTHER'S MAIDEN NAME <u>Ellen Lee Winkler</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry E. Avery, Cape Girardeau</u>	ADDRESS <u>Cape Girardeau</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Entenitis, etc.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5710</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 12/28 1950 to 12/29 1950, that I last saw the deceased alive on 12/27 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. J. Kerber M.D.</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>1/3/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 29 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Norgran Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Adair Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-3-1951</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dloyd S. Morgan</u>	ADDRESS <u>Adair Co.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVE

JAN 8 1951

DISTRICT HEALTH OFFICE

File No.....

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.....

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed *William H. Morgan*

Signed.....
Student Embalmer

Licensed Embalmer No. *4670*

P. O. Address *Adams, Mo*

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

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