

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15303

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6157 Registrar's No. 23

040

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

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Pine Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Pine Twp. 1040</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. Blue Eye, Mo.</u>		d. STREET ADDRESS <u>R.F.D. - Blue Eye, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u> b. (Middle) <u>AVERY</u> c. (Last) <u>AVERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31 1864</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. 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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Avery</u>	13b. MOTHER'S MAIDEN NAME <u>Mary ?</u>	14. NAME OF HUSBAND OR WIFE <u>Dashie Avery</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dashie Avery - Blue Eye, Mo.</u>	ADDRESS <u>Blue Eye, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Acute Pneumonia R. Lung</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>490X</u>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. C. H. Donaldson</u>	(Degree or title)	23b. ADDRESS <u>Greenwood, Ark.</u>	23c. DATE SIGNED <u>4/9/51</u>
--	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>4/5/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Eye, Missouri</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>April - 5 - 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elmer Buscay</u>	317	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. Nelson - Berryville, Ark.</u>	ADDRESS
---	---	-----	--	---------

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 25 1951

Dist. File 427-901

Date Filed 4-23-51

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 Royd R. Wincott

Licensed Embalmer No. 2857

P. O. Address Bronyville, Ark.

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.