

## STANDARD CERTIFICATE OF DEATH

State File No. 4092

FILED JAN 9 1952

BIRTH NO.

9 1952

REG. DIST. NO. 69

PRIMARY REG. DIST. NO. 5273 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <b>CHRISTIAN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CHRISTIAN</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>"RURAL" PORTER</b>		c. LENGTH OF STAY (in this place) <b>LIFE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>"RURAL" PORTER</b>		0220	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>SMOKE HOUSE</b>				d. STREET ADDRESS (If rural, give location) <b>RT. #1, NIXA</b>			
3. NAME OF DECEASED a. (First) <b>CHAS.</b> (Type or Print)		b. (Middle) <b>MATHEW</b>		c. (Last) <b>AVEN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 31 1951</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>NOV. 29 - 1878</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>NIXA - MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>JOHN D. AVEN</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH PAYNE</b>		14. NAME OF HUSBAND OR WIFE <b>NONA BANFIELD, AVEN</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MAY THOMPSON, REPUBLIC, MO.</b>			
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BLAST FROM 40 SHOT GUN</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SELF INFLICTED (SHIRT AND UNDER CLOTHING UNBUTTONED - NO HOLES FOUND IN CLOTHING - INDICATING SUICIDE)</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gun was placed against left breast over heart and discharged, NEAR LEFT NIPPLE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E976X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>SUICIDE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM SMOKE HOUSE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>PORTER CHRISTIAN MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 31 1951 1:00p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>SELF INFLICTED BY 40 SHOT GUN.</b>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John Hlean Harris Coroner Christian Co.</b> (Degree or title)				23b. ADDRESS <b>Clever, Mo.</b>		23c. DATE SIGNED <b>Dec. 31-1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 2 - 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PAYNE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CHRISTIAN CO., MO.</b>	
DATE REC'D BY LOCAL REG. <b>Jan 2, 1952</b>		REGISTRAR'S SIGNATURE <b>Allie Brewer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Hlean Harris</b>		ADDRESS <b>Clever, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.