

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3621**

FILED FEB 15 1952

BIRTH NO.		REG. DIST. NO. 333	PRIMARY REG. DIST. NO. 2074	Registrar's No. 27
1. PLACE OF DEATH a. COUNTY Scott County in Transit		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Dunklin		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Near Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute Hospital		d. STREET ADDRESS (If rural, give location) 416 West 5th St.		
3. NAME OF DECEASED (Type or Print) a. (First) Suetta		b. (Middle) Rae		c. (Last) Avery
4. DATE OF DEATH (Month) (Day) (Year) Jan. 28-1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child 1	8. DATE OF BIRTH apr. 13-1948	
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR 9 Months	IF UNDER 1 YEAR 15 Days	IF UNDER 1 YEAR 15 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Kennett Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Calvin Avery		13b. MOTHER'S MAIDEN NAME Verla Robertson		14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Calvin Avery
				ADDRESS Kennett Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MENINGOCOCCEMIA		
		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.		
		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.		
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Pt. was D.O.A. ←
22. I hereby certify that I attended the deceased from _____, 19____, to 28 Jan., 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 00A m., from the causes and on the date stated above.				
23a. SIGNATURE James A. Kinley		23b. ADDRESS M.D. Cape Girardeau Mo.		23c. DATE SIGNED 29 Jan. 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-28-52		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
				24d. LOCATION (City, town, or county) (State) Kennett Mo.
DATE REC'D BY LOCAL REG. 2-8-52		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Kenett Mo.
				ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

033
3

RECEIVED FEB 11 1952
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 252-42

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 Edgar Bruce Ford

Licensed Embalmer No. 4433

P. O. Address Kennett 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.