No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39246

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 161

512
1

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

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg
c. LENGTH OF STAY (in this place) 26 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 221 W. South St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg 0512
d. STREET ADDRESS (If rural, give location) 221 W. South St.

3. NAME OF DECEASED (Type or Print)
a. (First) Fannie
b. (Middle) Lee
c. (Last) Avery

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1952

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 6 1869

9. AGE (In years last birthday) 83 — 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) House Wife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Knob Noster Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME C. T. Oglesby

13b. MOTHER'S MAIDEN NAME Ella Rubey

14. NAME OF HUSBAND OR WIFE Pleasent Avery Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Mrs. H. R. Oglesby, Warrensburg Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 2-3 mos.

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 4341

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1946 *to* Nov. 18, 1952, *that I last saw the deceased alive on* Nov. 18, 1952 *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harry Harkness, M.D.

23b. ADDRESS Warrensburg

23c. DATE SIGNED 11/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-24-52

24c. NAME OF CEMETERY OR CREMATORY Sunset Hill

24d. LOCATION (City, town, or county) (State) Warrensburg Mo.

DATE REC'D BY LOCAL REG. Nov. 24, 1952

REGISTRAR'S SIGNATURE Savannah Kutchfeller 147-0

25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips Warrensburg Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 R. Q. Phillips.

Licensed Embalmer No. 2320.

P. O. Address Warrensburg, 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.