

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39345

State File No.

570

DEC 1 1952

BIRTH NO. REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Monroe Twp.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Monroe Twp.) 0570	
c. LENGTH OF STAY (In this place) 4 Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm Residence			
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) Virginia	
c. (Last) Avery		4. DATE OF DEATH (Month) (Day) (Year) November 20, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 21, 1952
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Centralia, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph H Casner	
13b. MOTHER'S MAIDEN NAME Lucy Ann Holmes		14. NAME OF HUSBAND OR WIFE Samuel B. Avery	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Nell Garwood Avery		ADDRESS Troy, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophagus paralysis (unknown) (b) Arteriosclerosis Heart Disease (c) Arteriosclerosis, peripheral neuritis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none 4200	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10/6, 1952, to 11/20, 1952, that I last saw the deceased alive on 11/20, 1952, and that death occurred at 4:05 Pm., from the causes and on the date stated above.	
23a. SIGNATURE Emma K. Murckow M.D.		23b. ADDRESS Troy, Mo.	
23c. DATE SIGNED 11/22/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11/23/1952		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	
24d. LOCATION (City, town, or county) (State) Troy, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper Funeral Home Troy, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1955

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, XXX

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.