

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12993

State File No. ....

FILED MAR 23 1953

BIRTH NO. ....		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6157</u>		Registrar's No. <u>14</u>	
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) <u>Rural(Pine)</u>				c. LENGTH OF STAY (in this place) <u>20 yrs</u>			
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural(Pine)</u>				1040			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N.E. Blue Eye. MO</u>				d. STREET ADDRESS (If rural, give location) <u>N.E. Blue Eye. MO</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>Daniel</u>		c. (Last) <u>Avery</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>2</u>		(Year) <u>53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-16-1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
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>Grain</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>N. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Avery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carpenter</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased(Viola Avery)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Avery (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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Closed Pneumonia</u> ANTECEDENT CAUSES <u>Due To Flu.</u> DUE TO (b) <u>Due To Flu.</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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)		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?		21g. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>15 Jan., 1953</u> , to <u>2 Mar., 1953</u> , that I last saw the deceased alive on <u>1 Mar., 1953</u> , and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Asst. Dr. Charles</u>		23b. ADDRESS <u>Blue Eye MO</u>		23c. DATE SIGNED <u>3-5-53</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Eye MO</u>	
DATE REC'D BY LOCAL REG. <u>3-5-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. L. Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel H. H. H.</u>		ADDRESS <u>Blue Eye MO</u>	

(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 \_\_\_\_\_

Licensed Embalmer No. 4823

P. O. Address 269 Bengtson

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.