

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12994

State File No. _____

FILED MAR 23 1953

347

6157

13

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6157</u>		Registrar's No. <u>13</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) OR TOWN <u>Rural (Pine)</u>		c. LENGTH OF STAY (in this place) <u>20yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Pine)</u>		<u>1040</u>			
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>Viola</u>			b. (Middle) <u>Ann Dora</u>		c. (Last) <u>Avery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 13 53</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>4-23-1877</u>			
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Mose Mc Donald</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>George Avery</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Avery Blue Eye Missouri</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>Condition of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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>3yrs</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>5272</u>				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 <u>15 Jan., 1953</u> , to <u>13 Feb., 1953</u> , that I last saw the deceased alive on <u>13 Feb., 1953</u> , and that death occurred at <u>11 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. J. Donahoe, M.D.</u>				23b. ADDRESS <u>Green Forest Ark</u>		23c. DATE SIGNED <u>3-5-53</u>			
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 Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-5-53</u>		REGISTRAR'S SIGNATURE <u>Mr. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Count [Signature]</u>		ADDRESS <u>Beigull Ark</u>			

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

40
1

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 *Emella Hecker*

Licensed Embalmer No. 4823

P. O. Address 269 Beaverville Ave

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.