

FILED OCT 7 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31186**

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5176</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>near Richland Mo</u>		c. LENGTH OF STAY (In this place) <u>All life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Anglaize township</u>		<u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Richland Mo</u>				d. STREET ADDRESS (If rural, give location) <u>Near Richland Mo.</u>		<u>0</u>	
3. NAME OF DECEASED (Type or Print) <u>RAYMOND S.</u>		b. (Middle) <u>S.</u>		c. (Last) <u>AVERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 24 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 5 1883</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Kinsley Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>A. B. Avery</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Gulliford</u>		14. NAME OF HUSBAND OR WIFE <u>Della 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>486-24-3591A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ray Avery</u>		ADDRESS <u>Richland 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 CERTIFICATIONS I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bed confinement</u> DUE TO (c) <u>Cardiovascular renal disease</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>2 days</u> <u>1 month</u> <u>15 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</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)		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>Aug</u> , 19 <u>53</u> to <u>Sept 24 1953</u> , that I last saw the deceased alive on <u>Sept 22</u> , 19 <u>53</u> , and that death occurred at <u>5:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis J. Myers, D.O.</u>				23b. ADDRESS <u>Richland Mo.</u>		23c. DATE SIGNED <u>Sept 24 1953</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		24b. DATE <u>Sept 27 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 28 1953</u>		REGISTRAR'S SIGNATURE <u>Zelpha Traw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Evans</u>		ADDRESS <u>Stoutland 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

Dorsey M. Howe

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, N.H.*

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.