

FILED DEC 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42542
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1129

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) Springfield | | c. CITY OR TOWN Humansville | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ZARK OSTEOPATHIC HOSPITAL | | e. STREET ADDRESS (If rural, give location) Humansville <i>10840</i> | |

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|--|----------------------------------|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Netta | b. (Middle) Vivian | c. (Last) Avres | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1953 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH 12-8-1881 | 9. AGE (In years, last birthday) Months Days Hours Min. 72 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress | | 10b. KIND OF BUSINESS OR INDUSTRY Garment Factory | 11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |

| | | |
|---|---|--|
| 13a. FATHER'S NAME Richmond Ayers | 13b. MOTHER'S MAIDEN NAME Sarah Short | 14. NAME OF HUSBAND OR WIFE Single |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 551-01-7342 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.J. Ayers Humansville Mo. |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral thrombosis DUE TO (c) Arteriosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Wernia due to nephrosclerosis | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 332 X | 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? |
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22. I hereby certify that I attended the deceased from 12/14, 1953 to 12/20, 1953, that I last saw the deceased alive on 12/20, 1953, and that death occurred at 11:19 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Richard E. Wetzel | (Degree or title) | 23b. ADDRESS Springfield Mo | 23c. DATE SIGNED 12/20/53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/20/53 | 24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery | 24d. LOCATION (City, town, or county) (State) Humansville Missouri |

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| DATE REC'D BY LOCAL REG. 12-21-53 | REGISTRAR'S SIGNATURE Edith Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beckwith Funeral Home Humansville, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1954

JAN 26 1954

JAN 26 1954

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..... Signature of Student Embalmer

Signed..... May Rhodes
Licensed Embalmer No. 4078
P. O. Address..... Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.