

FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45717

BIRTH NO. _____		REG. DIST. NO. <u>347</u>		PRIMARY REG. DIST. NO. <u>6155</u>		Registrar's No. <u>1</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 Blue Eye</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles N.E. of Blue Eye</u>				d. STREET ADDRESS (If rural, give location) <u>3 miles N.E. of Blue Eye</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BERTON</u>		b. (Middle) <u>CRAIG</u>		c. (Last) <u>AVERY</u>	
4. DATE OF DEATH		(Month) <u>Dec.</u>		(Day) <u>17,</u>		(Year) <u>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>10 Nov. 1875</u>	
9. AGE (In years, last birthday) <u>78</u>		10. MONTHS <u>1</u>		11. DAYS <u>7</u>		12. IF DECEASED IN U.S. <u>NO</u>	
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Panola County, Miss.</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>Martha Jane Avery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Avery - Blue Eye, Mo.</u>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES Afortid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvar Lesions</u>							
DUE TO (c) _____							
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>		20. AUTOPSY?		YES <input type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Donahoe</u>		(Degree or title)		23b. ADDRESS <u>Green Forest, Ark.</u>		23c. DATE SIGNED <u>11-14-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-21-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Eye, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 2/1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. L. McQuinn</u>		317		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles M. Wilson - Berryville, Ark.</u>	
ADDRESS							

(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.....

Charles M. Nelson

Licensed Embalmer No. *815 Ark.*

P. O. Address *Benyville, Ark.*

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.