

STANDARD CERTIFICATE OF DEATH

State File No. 5801

Registrar's No. 71

BIRTH NO. FILED MAR 15 1954		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058	
1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. CHARLES			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. CHARLES	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPHS HOSPITAL		d. STREET ADDRESS (If rural, give location) 1134 POWELL 0923 0			
3. NAME OF DECEASED (Type or Print) a. (First) BARBARA		b. (Middle)		c. (Last) AVERILL	
4. DATE OF DEATH (Month) (Day) (Year) MAR 10 1954		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 3-9-54		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min. 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. CHARLES MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME RAYMOND LEE AVERILL		13b. MOTHER'S MAIDEN NAME RITA SEARS	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME RAYMOND LEE AVERILL		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature delivery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Placental infarction		19. INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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 Mar 9, 1954, to Mar 10, 1954, that I last saw the deceased alive on Mar 10, 1954, and that death occurred at 4:24 a.m., from the causes and on the date stated above.					
23a. SIGNATURE Walter B. Hughes, M.D.		23b. ADDRESS St. Charles Clinic, St. Charles, Mo.		23c. DATE SIGNED 3/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Mar 12 1954		24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CATHOLIC CEM.	
24d. LOCATION (City, town, or county) ST. CHARLES		24e. (State) Mo.		24f. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. March 11 1954		REGISTRAR'S SIGNATURE Thelma H. Hume		FUNERAL DIRECTOR'S SIGNATURE C. L. Brunster	
REGISTER: HUGHES FUNERAL HOME INC. ST. CHARLES Mo.					

(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 _____

working under my personal supervision.

Body not embalmed

Student Embalmer No.

PRINSTER HUGHES FUNERAL HOME

Signed *C. L. Prinster Pres*

Signed.....

Student Embalmer

Licensed Embalmer No.

P. O. Address *St. Charles Mo.*

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.