

FILED NOV 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37220
State File No.

REG. DIST. NO. 382 PRIMARY REG. DIST. NO. 4228 Registrar's No. 23

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

BIRTH NO. _____		REG. DIST. NO. 382		PRIMARY REG. DIST. NO. 4228		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Glasgow</u>		d. STREET ADDRESS (If rural, give location) <u>450 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							

3. NAME OF DECEASED (Type or Print) a. (First) <u>MOSES</u> b. (Middle) <u>Edward</u> c. (Last) <u>AVERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>Deck Hand on Boat U.S. Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months Days <u>48</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Avery</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Marquette Gray Avery</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Not available</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marquette Avery Glasgow 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 CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of the brain</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 DAYS</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured aneurysm of circle of Willis.</u> DUE TO (c) <u>Congenital Anomaly</u>				
		II. 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>330X</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) (Min.)		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 Feb 1945 to November 9, 1954, that I last saw the deceased alive on November 9, 1954, and that death occurred at 4:45 PM, from the causes and on the date stated above.

23a. SIGNATURE E. Tomba Doc (Degree or title) 23b. ADDRESS Glasgow, Mo. 23c. DATE SIGNED 10-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Nov. 12, 1954 24c. NAME OF CEMETERY OR CREMATOR Washington 24d. LOCATION (City, town, or county) (State) Glasgow Mo.

DATE REC'D BY LOCAL REG. Nov. 13, 1954 REGISTRAR'S SIGNATURE Walker Audsley 410 GENERAL DIRECTOR'S SIGNATURE Audsley ADDRESS Springfield, Glasgow, Mo.

MAR 1 1955

NOV 18 1950

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.

Student Embalmer No.....

Signed.....

W. H. Greenmouth

Signed.....
Student Embalmer

Licensed Embalmer No... *3978*

P. O. Address... *Glasgow, 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.