

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21950**

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Fayette, Mo.</b>		c. LENGTH OF STAY (In this place) <b>21 days</b>		c. CITY OR TOWN <b>Fayette</b>		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 <b>Lee Hospital</b>				STREET ADDRESS (If rural, give location) <b>109 S. Church Street</b> <u>042/0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Della</b>		b. (Middle) <b>D.</b>		c. (Last) <b>Avery</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 31, 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7/8/1889</b>	
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR <b>0</b> Months <b>23</b> Days		IF UNDER 1 HRS. <b>0</b> Hours <b>0</b> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Fenton</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Alice Phillipie</b>		14. NAME OF HUSBAND OR WIFE <b>Romie M. Avery</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R.M. Avery 109 S. Church, Fayette, Mo.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>(1) Carcinoma of left Breast</b> ANTECEDENT CAUSES (b) <b>(2) Hemorrhage due to Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (c) <b>Hemophylic Type Blood Reaction</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 170X <b>36 hrs</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Metastatic Carcinoma of left Breast</b>		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 <b>7-10</b> 19 <b>55</b> to <b>July 31, 1955</b> , that I last saw the deceased alive on <b>7-31</b> , 19 <b>55</b> , and that death occurred at <b>2:27</b> p.m. from the causes and on the date stated above.							
23a. SIGNATURE <b>Ra Blooy M.D.</b> (Degree or title)				23b. ADDRESS <b>Fayette, Mo.</b>		23c. DATE SIGNED <b>7-31-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/2/1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-31-55</b>		REGISTRAR'S SIGNATURE <b>Mary T. Shell</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>		ADDRESS <b>Fayette, Mo.</b>	

(Licensed Embalmer's Statement or 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, ~~only~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 33

P. O. Address Fayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.