HLED JUL 2	± 1955	THE DIVISION OF HE STANDARD CERTIF				22985
BIRTH NO			PRIMARY REG. DIST.		State File No Registrar's No	
I. PLACE OF DE	ATH					tution: rasidence befo
a. COUNTY	37 36 3	3.3	II a. STATE		A COUNTY	ad mission
L CITY	New Madr	<del></del>		ssouri	-	adrid
b. CITY (If outside co		township) STAY (in this place)	c. CITY OR		d, Is Residue etty	dence within limits of or incorporated town?
	<u>'ont Twsp</u>	ı.,	TOWN PO	<u>rtagevil</u>	leYes	No No
d. FULL NAME OF	(If not in hospital or i	nstitution, give street address or location)	STREET	(If rural, give locat	tion)	カース
HOSPITAL OR INSTITUTION 7	mile S	E. of Marston	ADDRESS	rtagevill	Le Route	= 3 Mo
3. NAME OF	a (First)	b. (Middle)	c. (Last)	4. DAT		
3. NAME OF DECEASED		·		i OF		
(Type or Print)	Russell		Avant		⊓July 8	1955
5. SEX 2 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8, DATE OF BIRTH	9. AGE	(In years IF UNDER :	YEAR IF UNDER 14 KR. Days Hours   Min
Male 0 0	Colored	Married	March 12	1916		26
10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	II. BIRTHPLACE (C)	ity and State on Fa-	— ··· — · <del>·</del>	12. CITIZEN OF WHA
done during most of working life, even if retired)  DUSTRY			COUNTRY?			
<u>Farmer</u>		1	<del></del>			J.S.A.
13a. FATHER'S NAME		136. MOTHER'S MAIDEN		14. NAME OF H	USBAND OR WIFE	
<u>Lewis Avan</u>		Minnie Mos		Elizabe		- 4
15. WAS DECEASED EVE		FORCES?   16. SOCIAL, SECURITY	17. INFORMANT'	S SIGNATURE	OR NAME	ADDRESS
(Yes, no, or unknown) (II	yes, give war or dates	of service) 490- 28-9437	Flizaheth	Avant-Por	rtagavil	A MOR 3
18. CAUSE OF DEATH			CERTIFICATION	A V.CIIIV -I O	·	INTERVAL BETWEE
10. CAUSE OF DEATH						
Enter only one cause per	1 I. DISEASE OR C	ONDITION ///		1 7/		ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION ING TO DEATH*(a)	ne Cerch	ral He	monhe	ONSET AND DEATH
line for (a), (b), and (c)	•		ne Cerch	ral He	monhe	ONSET AND DEATH
line for (a), (b), and (c)  *This does not mean	ANTECEDENT CA	AUSES 1/	ne Cerch	ral He	monhe	ONSET AND DEATH
*This does not mean the mode of dying, such	ANTECEDENT CA	AUSES 1/	ne Cerch	inal He	monhe	onset and gentle
line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT CA	AUSES s, if any, giving DUE TO (b) wave (a) stating use last.	me Cerch	ind He	Nonhe g	ONSET AND DESTRI
line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT Conditions rise to the above of the underlying car	AUSES s, if any, giving DUE TO (b) ause (a) stating use last. DUE TO (c)	ne Cereb ypertens	ind He	monhe z 31X	onset and grate
line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	ANTECEDENT Co. Morbid condition- rise to the above of the underlying can  II. OTHER SIGNII	AUSES s, if any, giving DUE TO (b) ause (a) stating use last. DUE TO (c) FICANT CONDITIONS	ne Cereb ypertens	ind He	Monhe z 31X	ONSET AND ONTH
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line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE	ANTECEDENT C.  Morbid condition rise to the above o the underlying cau  II. OTHER SIGNII Conditions contril related to the direa  19b. MAJOR FINI (Specity)	AUSES s, if any, giving DUE TO (b) ause (a) stating use last.  DUE TO (c)  FICANT CONDITIONS buting to the death but not use or condition causing death.	ne Cereb yperteur			20. AUTOPSY?
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line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify	ANTECEDENT C.  Morbid condition rise to the above o the underlying can  II. OTHER SIGNII Conditions contril related to the direa  19b. MAJOR FINI  (Specify)  (Day) (Year) (	AUSES  2, if any, giving DUE TO (b)  ause (a) stating use last.  DUE TO (c)  FICANT CONDITIONS buting to the death but not use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK	21c. (CITY, TOWN, OR 21f. HOW DID INJURY	TOWNSHIP)  OCCUR?	(COUNTY)  5J, that I last	20. AUTOPSY?  YES NO (STATE)
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line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or compilea- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME OF INJURY  22. I hereby certify alive on  23a. SIGNATURE	ANTECEDENT C. Morbid condition rise to the above o the underlying can II. OTHER SIGNI Conditions contril related to the direct 19b. MAJOR FINI (Specily)  (Day) (Year) ( that I attended to	AUSES  s, if any, giving DUE TO (b)  ause (a) stating use last.  DUE TO (c)  FICANT CONDITIONS butting to the death but not use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., stc.)  (Hour)  21e. INJURY OCCURRED  WHILE AT NOT WHILE WORK AT WORK  The deceased from 7	21c. (CITY, TOWN, OR 21f. HOW DID INJURY 1951, to 15.15 2 m., from to 23b. ADDRESS Care	TOWNSHIP)  OCCUR?  Suly, 19  Ke causes and of	(COUNTY)  5J, that I last	ONSET AND DEATH  ONSET
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line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or compilea- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on  23a. SIGNATURE  24a. BURIAL. CREMA TION, REMOVAL (Speeds)	ANTECEDENT C.  Morbid condition rise to the above o the underlying can  II. OTHER SIGNII  Conditions contril related to the direct  19b. MAJOR FINI  (Specify)  (Day) (Year) (  that I ottended to  that I ottended to  19b. DATE  7-11-5	AUSES  2, if any, giving DUE TO (b)  ause (a) stating use last.  DUE TO (c)  FICANT CONDITIONS  buting to the death but not use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., ste.)  (Hour)  21e. INJURY OCCURRED  WHILE AT NOT WHILE MORK AT WORK  Che deceased from  Che deceased from  And that death occurred all  Che deceased from  Che deceased from  And that death occurred all  Che deceased from the deceas	21c. (CITY, TOWN, OR 21f. HOW DID INJURY  1. 19 51, to S 23b. ADDRESS  Y OR CREMATORY	TOWNSHIP)  OCCUR?  Le causes and of the causes a	(COUNTY)  51, that I last n the date stated like second 111e. Mo.	ONSET AND DEATH  (STATE)  Saw the decease above.  23c. DATE SIGNED  (Y) (State)
line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or compilea- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Month) OF INJURY  22. I hereby certify alive on  23a. SIGNATURE  24a. BURIAL. CREMA TION, REMOVAL (Speeds BURIAL)	ANTECEDENT C.  Morbid condition rise to the above o the underlying can  II. OTHER SIGNII  Conditions contril related to the direct  19b. MAJOR FINI  (Specify)  (Day) (Year) (  that I ottended to  that I ottended to  19b. DATE  7-11-5	AUSES  2, if any, giving DUE TO (b)  ause (a) stating use last.  DUE TO (c)  FICANT CONDITIONS  butting to the death but not use or condition causing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about bome, larm, factory, etreet, office bidg., etc.)  WHILE AT NOT WHILE WORK AT WORK  1, and that death occurred all the deceased from 1  Queroe or title)  24c. NAME OF CEMETER  5 POTTAR EVIL	21c. (CITY, TOWN, OR 21f. HOW DID INJURY 1951, to 15 am., from to 123b. ADDRESS 12 OR CREMATORY 1e Cem.	TOWNSHIP)  OCCUR?  Le causes and of the causes a	(COUNTY)  51, that I last n the date stated lie sees Dity, town, or county ille, Mountain Additional Additional Page 18 Additio	ONSET AND DEATH  ONSET

etel es ella

DATE RECEIVED JUL 19 1955

NEW MADRID CO. HEALTH CENTER

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

Signed Homer L. Ponder

P. O. Address Fillow

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.

this body is not embalmed, fact should be so stated above.