

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

2110

State File No. \_\_\_\_\_

No. 300  
10.48

**FILED FEB 15 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 4

|  |   |  |   |
|--|---|--|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>New Madrid</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Madrid</u><br>c. LENGTH OF STAY (in this place)<br>d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>                                      |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u><br>c. CITY OR TOWN <u>New Madrid</u><br>d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>e. STREET ADDRESS (If rural, give location) <u>205 Riley St.</u> <span style="float:right">0125</span>     |   |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>Cloddie (Ivory Johnson) Avervheart</u><br>a. (First) b. (Middle) c. (Last)  |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Jan. 11, 1956</u>   |   |
| <b>5. SEX</b><br><u>Female</u>   | <b>6. COLOR OR RACE</b><br><u>Colored</u>   | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>Married</u>  | <b>8. DATE OF BIRTH</b><br><u>Jan. 17, 1894</u>   |
| <b>9. AGE</b> (In years last birthday) <u>61</u>   | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>Highlandale, Miss.</u>   | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u> |
| <b>13a. FATHER'S NAME</b><br><u>Oliver Ivory</u>   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Unk.</u>  |   |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><u>O. S. Avervheart</u>  |   | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>None</u>   |   |
| <b>16. SOCIAL SECURITY NO.</b><br><u>326-18-9276</u>   |   | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>O. S. Avervheart, New Madrid, Mo</u>  |   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |   | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac decompensation</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| <b>19a. DATE OF OPERATION</b>  |   | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><span style="float:right">443x</span>   |   |
| <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   | <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)  |   |
| <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>   |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)   |   | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| <b>21f. HOW DID INJURY OCCUR?</b>  |   |  |   |
| <b>22. I hereby certify that I attended the deceased from</b> <u>1-6-</u> , 19 <u>56</u> , to <u>1-11-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-11-</u> , 19 <u>56</u> , and that death occurred at <u>2:00</u> p.m., from the causes and on the date stated above. |   |  |   |
| <b>23a. SIGNATURE</b> (Degree or title)<br><u>James O. Cameron M.D.</u>  |   | <b>23b. ADDRESS</b><br><u>Marston, Mo.</u>   |   |
| <b>23c. DATE SIGNED</b><br><u>2-7-56</u>   |   | <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Removal</u>   |   |
| <b>24b. DATE</b><br><u>Jan. 18, 1956</u>   |   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Burroak Cemetery</u>   |   |
| <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Chicago, Ill.</u>   |   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Richard's Unit Co. New Madrid, Mo.</u>   |   |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>7 Feb. 56</u>  |   | <b>REGISTRAR'S SIGNATURE</b><br><u>Anthony S. Roberts, Sup. 512</u>  |   |

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

FEB 28 1956

8581 81 AOM

DATE RECEIVED FEB 9 1956  
NEW MADRID CO. HEALTH CENTER  
W.F. 1 P. J. L.

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.....  
Signature of Student Embalmer

Signed Lawrence L. Roberts  
Licensed Embalmer No. 488  
P. O. Address New Madrid

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.