

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001930

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 172

Primary Registration District No. 4271

Registrar's No. 5

300 /  
1-57

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Alma</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Alma</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HOME INSTITUTION	Length of stay in 1b	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>Claude</b> Last <b>Aversman</b>	4. DATE OF DEATH Month <b>Jan.</b> Day <b>21</b> Year <b>1959</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1898</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Cook, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Fred Aversman</b>	13b. MOTHER'S MAIDEN NAME <b>Archie Oelrich</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Aversman</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>494-40-6710</b>	17. INFORMANT <b>Emma Aversman</b>	Address <b>Alma, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>42E1</b>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Alma</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>1949</b> to <b>1-21-59</b> and last saw <b>him</b> alive on <b>December 22, 1958</b> Death occurred at <b>11:45 A.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Gordon Kelling M.D.</i>	22b. ADDRESS <b>Waverly, Missouri</b>	22c. DATE SIGNED <b>1-22-59</b>
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23a. BURIAL, CREMATION, or other (Specify)	23b. DATE <b>Jan. 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PRINCE LUTHERAN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>Alma Mo.</b>
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24. FUNERAL DIRECTOR <b>RAIDY FUNERAL HOME</b>	ADDRESS <b>WAVERLY, MO</b>	25. DATE RECD. BY LOCAL REG. <b>Jan. 23. 59</b>	26. REGISTRAR'S SIGNATURE <i>Lutee Gordon Jordan</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 18 1959

MAR 3 5 11 AM '59

FEB 11 1959

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 James F. Nelson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Nelson  
Signature of Student Embalmer

Signed Ben W. Gibson  
Licensed Embalmer No. 2961  
P. O. Address Carrollton

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.