Health, Welfare Public Service

40 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009144

STATE FILE NUMBER

FILED APR 6 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Madison Twp. — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b: 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Grundy
c. CITY OR TOWN: Madison Twp. — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Rachel — Middle: D. — Last: Avery

4. DATE OF DEATH: Month 3 — Day 29 — Year 59

5. SEX: Fem — 6. COLOR OR RACE: white — 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ — 8. DATE OF BIRTH: 6-9-1881 — 9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housekeeping — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (City and state or country): Grundy County - Mo. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Henry Dunkin — 13b. MOTHER'S MAIDEN NAME: Martha Kelly — 14. NAME OF HUSBAND OR WIFE: George P. Avery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None — 16. SOCIAL SECURITY NO.: — 17. INFORMANT: Beulah Howerton — Address: Trenton, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 18 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hemolytic Anemia - Chronic
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 2920

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

All diseases in Part I must be causally related.

21. I attended the deceased from Oct 8, 1958 to Dec 21, 58 and last saw her/him alive on Dec 21, 1958
Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Washington MD (Degree or title) — 22b. ADDRESS: Trenton Mo — 22c. DATE SIGNED: 3-30-1959

23a. BURIAL, CREMATION, REMOVAL (Specify): — 23b. DATE: 3-31-59 — 23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Edinburg — 23d. LOCATION (City, town, or county) (State): Grundy Co. Mo.

24. FUNERAL DIRECTOR: J. Gordon Blackmore — ADDRESS: Trenton Mo — 25. DATE RECD. BY LOCAL REG.: 3-31-59 — 26. REGISTRAR'S SIGNATURE: Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

APR 14 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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