

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035780

FILED VS NOV 9 1959

128

Primary Registration District No. **2000**

Registrar's No. **1159A**

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 12 years		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 914 W. Walnut			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 914 West Walnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Averill				4. DATE OF DEATH Month Day Year October 27 1959				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/21/1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Nashway, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Frank E. Averill			13b. MOTHER'S MAIDEN NAME Phebe Lorelai Cole			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Mrs. M. A. Evans, 914 W. Walnut <i>Address: Springfield, Mo</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes Gastro Intestinal Hemorrhage 1 mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Etiology Undetermined DUE TO (b) Gastro Intestinal Hemorrhage 1 mo. DUE TO (c) Etiology Undetermined						INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. Crippled - stroke of lower extremities in 1940						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT (SUICIDE FROM INDE) <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Indicate nature of injury in PART I or PART II of item 18.) Stroke						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 8/23/59 to 10/27/59 and last saw her alive on 10/17/59 Death occurred at 5:10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) David H. Hall, M.D.			22b. ADDRESS Springfield, Mo			22c. DATE SIGNED 10/30/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1959	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery		23d. LOCATION (City, town, or county) (State) Springfield, Mo.				
24. FUNERAL DIRECTOR Ralph Thieme Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 11-2-59		26. REGISTRAR'S SIGNATURE Effie S. Meehan			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Harold Futrell

Licensed Embalmer No. *5079*

P. O. Address *Springfield*

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.