

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004782

FILED VS FEB 10 1960

NDED

Registration District No. 344 Primary Registration District No. _____ Registrar's No. 43 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 3 Mi. N.E. of Blue Eye		Length of stay in 1b years		c. CITY OR TOWN 3 Mi. N.E. of Blue Eye		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION above			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) above		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DOSHIA Middle ARVILLA Last AVERY				4. DATE OF DEATH Month Jan. Day 28, Year 1960				
5. SEX Female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-3-1887		
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) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harrison Williams			13b. MOTHER'S MAIDEN NAME Mary ?			14. NAME OF HUSBAND OR WIFE Samuel Avery		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Leona Jones-Blue Eye, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							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 type="checkbox"/>		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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY _____ STATE _____		
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Charles M. Nelson Doctor				22b. ADDRESS Berryville, Ark		22c. DATE SIGNED 1-28-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-30-60		23c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery		23d. LOCATION (City, town, or county) Blue Eye, Mo.		
24. FUNERAL DIRECTOR Nelson Funeral Home-Berryville, Ark.				25. DATE RECD. BY LOCAL REG. Feb. 6 - 1960		26. REGISTRAR'S SIGNATURE Mojo Elmer Bussan		

(Licensed Embalmer's Statement on Reverse Side)

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Brysville, Pa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.