URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960

60-010526

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 338

ENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b 6 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Christian
c. CITY OR TOWN Nixa, Route #1 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 5 Miles NW of Nixa — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Claude Middle Elmer Last Aven

4. DATE OF DEATH Month March Day 17, Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH August 18, 1886
9. AGE (last birthday) 73
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dairy & Stockman
11. BIRTHPLACE (City and state or country) Nixa, Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Aven
13b. MOTHER'S MAIDEN NAME Dora Edwards
14. NAME OF HUSBAND OR WIFE Besse McCroskey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Mrs. Besse Aven, Rt. #1, Nixa, Missouri

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) Cerebrovascular accident, thrombosis c̄ cerebral mappening — recurrent.
DUE TO (b) Arteriosclerosis
DUE TO (c)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 8 mos. Known 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
1) Mitral mappening, due to rheumatic fever, ad.
2) Arthritis, rheumatoid, severe

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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

21. I attended the deceased from _____, to 17 mar/60 and last saw her/him alive on 16 mar/60
Death occurred at 6:25 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J D Roper MD
22b. ADDRESS Ozark, Mo
22c. DATE SIGNED 21 mar/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/20/1960
23c. NAME OF CEMETERY OR CREMATORY Patterson Cemetery
23d. LOCATION (City, town, or county) (State) Greene County, Missouri

24. FUNERAL DIRECTOR J. Dean Harris, ADDRESS Clever, Missouri
25. DATE RECD. BY LOCAL REG. 3-24-60
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Jolean Harris

Signature of Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever, Mo

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