

No. 370  
10.48  
FILED DEC 6 1955THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36732

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5062

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |                               | c. CITY OR TOWN <b>Kansas City</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>30 yrs.</b>  |                               | e. STREET ADDRESS (If rural, give location) <b>2813 Mercier</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>  |                               | 341-8<br>0   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Milford</b>  |                               | b. (Middle) <b>H.</b>  |   |
| c. (Last) <b>Avery</b>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>11 20 1955</b>  |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>  | 8. DATE OF BIRTH <b>2-9-1902</b>  |
| 9. AGE (In years last birthday) <b>53 yrs.</b>  |                               | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor, Missouri</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>Yes U.S.</b>  |                               | 13a. FATHER'S NAME <b>Charles W. Avery</b>   |   |
| 13b. MOTHER'S MAIDEN NAME <b>Mattie Green</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>Mary Avery</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |                               | 16. SOCIAL SECURITY NO. <b>487-16-3718</b>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Mary H. Avery</b>  |                               | ADDRESS <b>2813 Mercier</b>  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive heart disease.</b><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               | 443 h  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                               | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |   |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 21f. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <b>9-30-55</b> , 19____, to <b>11-20-55</b> , 19____, that I last saw the deceased alive on <b>11-20-55</b> , 19____, and that death occurred at <b>9:45 a. m.</b> , from the causes and on the date stated above. |                               |  |   |
| 23a. SIGNATURE <b>Frank Ellis</b> (Degree or title) <b>MD</b>   |                               | 23b. ADDRESS <b>600 E. 22nd Street</b>   |   |
| 23c. DATE SIGNED <b>11-21-55</b>  |                               | 24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>  |   |
| 24b. DATE <b>11-23-55</b>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <b>Sardis Cemetery</b>  |   |
| 24d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>  |                               | DATE REC'D BY LOCAL REG. <b>11-22-55</b>   |   |
| REGISTRAR'S SIGNATURE <b>Neve Minshall</b>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Bros. K.C. Mo</b>  |   |
| ADDRESS   |                               | ADDRESS  |   |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

Licensed Embalmer No.....

P. O. Address .....

**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.**