

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6981-58 58-005279

FILED MAR 10 1958

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 745

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Windsor		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Michael Joe Avery				4. DATE OF DEATH March 2, 1958		Month March Day 2 Year 1958					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-28-1958					
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				9b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) Months 3 Days 3 Hours 3 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Windsor					
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Stoestle P Avery							
14. MOTHER'S MAIDEN NAME Josephine Sypes				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 Stoestle Avery R. Windsor Mo. Address							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia INTERVAL BETWEEN ONSET AND DEATH 8 hrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) atelectasis Neonatorum 12 hrs DUE TO (c) Mucus Plug in Bronchus 28 hrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5272											
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2				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 8:00 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 Windsor				COUNTY Henry				STATE Mo.			
21. I attended the deceased from 2-28-58 to 3-2-58 and last saw him alive on 3-2-58 Death occurred at 8:00 p. m. of the date stated above and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Wm. M. Windsor (Degree or title)				22b. ADDRESS Windsor Mo.				22c. DATE SIGNED 3/4/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-3-1958		23c. NAME OF CEMETERY OR CREMATORY Sardis Cemetery		23d. LOCATION (City, town, or county) Henry Co.		(State) Mo.			
24. FUNERAL DIRECTOR Ellis Huston ADDRESS Windsor, Mo.				25. DATE RECD. BY LOCAL REG. 3-7-58		26. REGISTRAR'S SIGNATURE Mildred Bigum					

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Caretaker cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE

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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 Not Embalmed, 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. (If 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.