

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013069
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Clinton 04220</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>906 N. Washington Life</u>		d. STREET ADDRESS (If outside, give location) <u>906 N. Washington</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Bessie Louisa AVERY</u>		4. DATE OF DEATH Month Day Year <u>April 27 1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 4 1884</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Month Days Hours Min. <u>7 23 - -</u>	IF UNDER 24 HRS. Hours Min. <u>- -</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Clinton Mo. U S A</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Walker Deenning</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Wilson</u>
14. NAME OF HUSBAND OR WIFE <u>Forest Avery</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>	16. SOCIAL SECURITY NO. <u>no</u>
17. INFORMANT <u>Forest Avery</u>		Address <u>Clinton Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u> DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1-2 mo.</u> <u>2 days</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.			
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 <u>1958</u> to <u>4-27-59</u> and last saw her alive on <u>4-27-59</u> Death occurred at <u>6:45 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clinton L. Glespy, D.O.</u>		22b. ADDRESS <u>2 105 E. Ohio, Clinton, Mo.</u>	22c. DATE SIGNED <u>4-30-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/30/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>antioch Ceme</u>
23d. LOCATION (City, town, or county) <u>Clinton Henry, MO</u>		(State)	
24. FUNERAL DIRECTOR <u>SCHABER</u>		ADDRESS <u>Funeral Home Clinton Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>5-2-59</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

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 *F. L. Schaberg*

Licensed Embalmer No. *4513*

P. O. Address *Clinton*

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.