

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9694  
1594

FILED APR 9 1953

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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 type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>43 YEARS</b>		e. STREET ADDRESS (If rural, give location) <b>108 East 68th Terrace</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Virginia Averill</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 18 1953</b>		
a. (First)	b. (Middle)	c. (Last)			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 2</b>	8. DATE OF BIRTH <b>AUG-4-1873</b>	9. AGE (In years last birthday) <b>79</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BUNGETON, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>Robert H. Taliaferro</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Hickox</b>	14. NAME OF HUSBAND OR WIFE <b>EDGAR A. AVERILL</b>
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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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>GLENN AVERILL</b>	ADDRESS <b>108 E. 68th TERR. KANSAS CITY, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Atherosclerosis</b>		<b>years.</b>
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension, Essential grade II</b>		<b>11201</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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)	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 **1-4, 1952**, to **3-18, 1953**, that I last saw the deceased alive on **3-18, 1953**, and that death occurred at **6:05 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Raymond W. O'Brien M.D.</b>	(Degree or title)	23b. ADDRESS <b>231 W. 47th K.C., Mo</b>	23c. DATE SIGNED <b>3-19-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 20, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG <b>3-20-53</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>DW Neekowles</b>	ADDRESS <b>1301 13th Street, Kansas City, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ernest Roman*.....

Licensed Embalmer No. *764*.....

P. O. Address *Kansas City*.....

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.