

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7942**

State File No. ....

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 133

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau, CITY</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (In this place) <u>44 yr</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Family Home R-2 Cape Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>		b. (Middle) <u>Summus</u>	
c. (Last) <u>Avery</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 15 1875</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>	IF UNDER 18 Hrs. 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 Foreign Country) <u>Holcomb Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>J.C. Summers</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Sanders</u>		14. NAME OF HUSBAND OR WIFE <u>Martin L Avery (Deceased)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr/ John Avery</u>		ADDRESS <u>Cape Girardeau Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>arterio sclerosis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Hypertensive Cerebrovascular Disease</u>			<u>10 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>3 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 March 26 1954, to March 27 1954, that I last saw the deceased alive on March 27 1954, and that death occurred at 2 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward D Campbell M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>March 29 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 29 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe B. Howell Cape Gir Mo.</u>		

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

APR 15 1934

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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..... *W. H. Estes*

Licensed Embalmer No. *35*

P. O. Address..... *Cape Girardeau*

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.