

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH FILED **MAR 22 1954** REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 52

360  
1

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

1. PLACE OF DEATH a. COUNTY <b>Franklin.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Franklin.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington, Rural - St. John's</b>	c. LENGTH OF STAY (in this place) <b>91 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington-Rural - St. John's.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. #2.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #2.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>H.</b> c. (Last) <b>Averbeck</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 17th, 1954.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 30th, 1862.</b>	9. AGE (in years last birthday) <b>91</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>Adolph Averbeck.</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Plognan.</b>		14. NAME OF DECEASED'S WIFE <b>Elizabeth Averbeck.</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>None.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Richard H. Averbeck Washington, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General infirmities of old age</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>old age.</b>		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		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) <b>Washington, Mo.</b>	
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 June, 1954, to 17 Mar, 1954, that I last saw the deceased alive on 12 Mar, 1954, and that death occurred at 7 a. m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Basso</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Washington, Mo.</b>		23c. DATE SIGNED <b>17 Mar 54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar. 19, 1954.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Borgia Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>Washington, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>3/17/54</b>		REGISTRAR'S SIGNATURE <b>J. R. Wickham</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Pielburg &amp; Vitt Inc. Washington, Mo.</b>	
--	--	---	--	---	--

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 .....  
Student Embalmer

Signed Jerome F. Swohoda

Licensed Embalmer No. 4507

P. O. Address Washington

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 this body is not embalmed, fact should be so stated above.