

W. Canella
FILED SEP 9 1954

STANDARD CERTIFICATE OF DEATH

28256
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 267

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, write RURAL and give town or township) Hannibal
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital

2. USUAL RESIDENCE: (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Marion
 c. CITY (If outside corporate limits, write RURAL and give township) Hannibal
 d. STREET ADDRESS (If rural, give location) 906 Church Street 0647

3. NAME OF DECEASED
 a. (First) Josephine b. (Middle) _____ c. (Last) Avery
 4. DATE OF DEATH (Month) (Day) (Year) 9/1/54

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 5/6/1917 9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Opr. 10b. KIND OF BUSINESS OR INDUSTRY Midwest Mower 11. BIRTHPLACE (State or foreign country) Palmyra, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Harris 13b. MOTHER'S MAIDEN NAME Katherine Crane 14. NAME OF HUSBAND OR WIFE Charles L. Avery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Charles L. Avery ADDRESS 906 Church

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis MEDICAL CERTIFICATION Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH 1 week
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Sept 1, 19 54, to Sept 1, 19 54, that I last saw the deceased alive on Sept. 1, 19 54, and that death occurred at 5:20P m., from the causes and on the date stated above.

23a. SIGNATURE Wm Canella MD (Degree or title) _____ 23b. ADDRESS 707 Bdwy, Hannibal, Mo. 23c. DATE SIGNED 9-3-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/4/54 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) Palmyra, Mo.

DATE REC'D BY LOCAL REG. 9/3/54 REGISTRAR'S SIGNATURE Wm Canella 25. FUNERAL DIRECTOR'S SIGNATURE Michael O'Donnell ADDRESS Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 7 1954

RECEIVED

MARION CO, HEALTH DEPT,

DATE FILED SEP 7 1954

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 *Michael J O'Hara*

Licensed Embalmer No. *3286*

P. O. Address *Waverly Mo*

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.