

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33051

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>110</u>						
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Barry</u>								
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>58yrs</u>		c. CITY OR TOWN <u>Monett</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elsie Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>401 Persco</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u>			b. (Middle) <u>J.</u>		c. (Last) <u>AVERO</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 6 56</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>4-19-98</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>17</u> IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Monett, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Joseph Avero</u>			13b. MOTHER'S MAIDEN NAME <u>Cecilia Bruno</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes 1919 to 1923</u>			16. SOCIAL SECURITY NO. <u>497-14-8784</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Hudson</u>			ADDRESS <u>Cassville, 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>Carcinoma of Throat</u> 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.						INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>5-10-56</u> to <u>10-6-56</u> , that I last saw the deceased alive on <u>10-6</u> , 19 <u>56</u> and that death occurred at <u>1:50 P.M.</u> from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) <u>Frank Kern M.D.</u>						23b. ADDRESS <u>Monett Mo</u>			23c. DATE SIGNED <u>10-8-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>10-9-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis-Williamson Chapel, Cassville</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1056-174

DATE REC. 10-15-56

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 myself Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond E. Wain
Licensed Embalmer No. 342
P. O. Address Cassville

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.