

FEDERAL BUREAU OF INVESTIGATION  
**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-045895**

STATE FILE NUMBER

FILED IN JAN 11 1961

149

Primary Registration District No. 1002

Registrar's No. 6302

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>California</b> COUNTY <b>Los Angeles</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>	Length of stay in 1b <b>2 Mo.</b>	c. CITY OR TOWN <b>Inglewood</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1400 Linwood Blvd</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10826 Eastwood</b>
<b>3. NAME OF DECEASED</b> First Middle Last <b>Jessie L. Averill</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>December 15, 1960</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>9/9/1881</b>
<b>9. AGE</b> (last birthday) <b>79 Yrs</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>
<b>11. BIRTHPLACE</b> (City and state or country) <b>Missouri City, Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U. S. A.</b>	<b>13a. FATHER'S NAME</b> <b>Jesse Clemons</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma J. Berry</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>John W. Averill</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT</b> Address <b>Grover G. Clemons, 1400 Linwood</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>10 hrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Thrombosis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE
<b>21. I attended the deceased from</b> <b>12/5/60</b> to <b>12/15/60</b> and last saw her alive on <b>12/14/60</b> Death occurred at <b>4:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
<b>22a. SIGNATURE</b> (Print name or title) <b>Joseph A. Fogarty</b>		<b>22b. ADDRESS</b> <b>402 Northman Bldg. KC 9 Mo</b>	<b>22c. DATE SIGNED</b> <b>12/15/60</b>
<b>23b. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>23c. DATE</b> <b>Dec 15, 1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Inglewood Park Cem</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Inglewood, California</b>
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Gates, 1901 Olathe Blvd, KC 3, Kan</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-15-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>H L. Dwyer</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Joseph A. Fogarty

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 5009

P. O. Address Overland Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.