

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38404**

FILED DEC 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **127**

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>	c. LENGTH OF STAY (In this place) <b>1 week</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>921 Ohio Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>Nastin</b>	c. (Last) <b>Travis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 22, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 7, 1883</b>	9. AGE (In years less birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>College Mound, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Thomas Travis</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Henderson</b>	14. NAME OF HUSBAND OR WIFE <b>Lula Travis</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. James Travis, Louisiana, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Intestinal Obstruction (Ascending Colon)</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hydro nephrosis with large Cyst Rt Kidney</b> DUE TO (c) <b>Distended Gallbladder with large Stone</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>9571</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Nov. 17, 1951**, to **Nov. 22, 1951**, that I last saw the deceased alive on **Nov. 22, 1951**, and that death occurred at **7:25 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert I. Andrae, M.D.</b>	23b. ADDRESS <b>216 Georgia St. Louisiana, Mo</b>	23c. DATE SIGNED <b>11-23-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/25/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov 24, 1951</b>	REGISTRAR'S SIGNATURE <b>Bernice Collier</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 3 1951  
DISTRICT HEALTH OFFICE #  
District File Number 1251-  
Date Filed: DEC 5 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.