

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 392

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>33</u>			
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph mo</u>		c. LENGTH OF STAY (in this place) <u>38 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		<u>0117</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>514 1/2 So 6th St</u>				d. STREET ADDRESS (If rural, give location) <u>514 So 6th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES FRANCIS</u> b. (Middle) <u>TRAVIS</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 3 53</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>JUNE 8, 1874</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Weatherby mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Charles T sawo</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Bowman</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Alexander</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SEREACE HOFFMAN St Jo 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>Suffocation by smoke Inhalations</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) <u>Man was suffocated in his room, when the mattress of his bed caught on fire.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>E9100</u> <u>110</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>on fire, 1/31</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Joseph Buchanan Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 3 1953 11:50 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Bed fire. Smoke</u>					
22. I hereby certify that I attended the deceased from <u>1/3</u> , 19 <u>53</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:50 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>H F Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>St Joseph Mo</u>		23c. DATE SIGNED <u>1/4/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 7 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WINSTON MO.</u>		24d. LOCATION (City, town, or county) (State) <u>WINSTON MO</u>				
DATE REC'D BY LOCAL REG. <u>Jan 13, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casty</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Barry St Joseph mo</u>					

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

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.