

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **7079**

No. 300
10.48

FILED MAR 3 - 1953

REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **71**

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

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 65yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804		
d. FULL NAME OF HOSPITAL OR INSTITUTION 209 E. St Louis			d. STREET ADDRESS (If rural, give location) 209 E. St Louis		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) TRAVIS c. (Last) TRAVIS			4. DATE OF DEATH (Month) (Day) (Year) 1-28-1953		
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Unknown	9. AGE (In years) (at birthday) 88	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sedalia Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Alex Travis		13b. MOTHER'S MAIDEN NAME Amanda Travis		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Pearson 209 E. St Louis Sedalia Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis 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. 4222		
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)		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 ^{VIEWED} the deceased from ^{as, Coroner} , 19___, that I last saw the deceased alive on ^{alive on} ___ 19___, and that death occurred at 4:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Chas. Gordon Kempfche used (Degree or title)			23b. ADDRESS Coroner of Pettis Co		23c. DATE SIGNED 2-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-2-1953	24c. NAME OF CEMETERY, OR CREMATORY Crown Hill Annex		24d. LOCATION (City, town, or county) (State) Sedalia Pettis Mo
DATE REC'D BY LOCAL REG. 2-25/1953		REGISTRAR'S SIGNATURE W. C. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. D. Ferguson Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

APR 27 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

J. D. Ferguson

Licensed Embalmer No.

2172

P. O. Address

Sedalia

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.