

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13932**

FILED **MAY 4 1953**

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany	c. LENGTH OF STAY (in this place) 1 yr	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bethany 0411	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If none give location) E. Central St-0	

3. NAME OF DECEASED (Type or Print) a. (First) Etha b. (Middle) - c. (Last) TRAVIS	4. DATE OF DEATH (Month) (Day) (Year) 4-23-53
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 9-17-1884	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7 Days 6	IF UNDER 10 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and State or Foreign Country) Harrison County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Vern Williams	13b. MOTHER'S MAIDEN NAME Mary Green	14. NAME OF HUSBAND OR WIFE James Travis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Mary Allen ADDRESS Bethany Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 days
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **5-22, 1946**, to **4-23, 1953**, that I last saw the deceased alive on **4-16, 1953**, and that death occurred at **11:00am.**, from the causes and on the date stated above.

23a. SIGNATURE G. H. Boyle MD (Degree or title)	23b. ADDRESS Bethany Mo.	23c. DATE SIGNED 4/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/26/53	24c. NAME OF CEMETERY OR CREMATORY Miriam	24d. LOCATION (City, town, or county) (State) Bethany Mo
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DATE REC'D BY LOCAL REG. 4/27/53	REGISTRAR'S SIGNATURE Zola Burns	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Hays ADDRESS Bethany Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5411
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MAY 5 1983

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

MB Haas

Licensed Embalmer No. 3899

P. O. Address Bethany 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.