

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. 1, Cabool		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rt. 1, Cabool		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in Ib 15 yrs		d. STREET ADDRESS (If outside, give location) Five miles SE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First DODA Middle OSCAR Last TRAVISE				4. DATE OF DEATH Month Oct. Day 25 Year 57						
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-27-1890		9. AGE (In years last birthday) 66		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) decarator				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Houston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Oscar Travise				14. MOTHER'S MAIDEN NAME Sarah Davis						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 493-14-3780		17. INFORMANT Elsie Travise, Cabool, Mo.			Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Suppurative fibrinous bronchitis DUE TO (c) Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertension & Sclerosis								INTERVAL BETWEEN ONSET AND DEATH 1		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)						20e. CITY, TOWN, OR LOCATION 5021	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 10/21/57 to 10/25/57 and last saw ^{her} him alive on 10/26/57 Death occurred at 6:PM m on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Harold W Miller M.D.				22b. ADDRESS 602-E-2nd Willow Springs				22c. DATE SIGNED 10/29/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10-28-57		23c. NAME OF CEMETERY OR CREMATORY Cabool, Cemetery			23d. LOCATION (City, town, or county) (State) Cabool, Missouri			
24. FUNERAL DIRECTOR Elliott Gentry, ADDRESS Cabool, Mo.				25. DATE RECD. BY LOCAL REG. 11-1-57		26. REGISTRAR'S SIGNATURE Jaynell Cunningham				

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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.....
Signature of Student Embalmer

Signed *James L. Henry*.....

Licensed Embalmer No. *4710*

P. O. Address *Calool*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.