

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022383
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 N. Jackson		Length of stay in lb 13 Yrs.	d. STREET ADDRESS (If outside, give location) 102 N. Jackson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Abraham Middle M Last Travis			4. DATE OF DEATH Month June Day 25 Year 1958
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 7 1871
9. AGE (In years and birthdate) 86		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Waverley Neb.
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME John Travis	
13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Ida Travis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 494-20-4908	17. INFORMANT Address Mrs. A. M. Travis Lebanon Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Sclerosis DUE TO (b) Arterio Sclerotic Heart Disease DUE TO (c) Senility Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 4200			INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> None		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12.30 Month, Day, Year 6/25/58 a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Lebanon, Mo COUNTY Laclede STATE Mo	
21. I attended the deceased from 4/10/58 to 6/25/58 and last saw him alive on 6/25/58 . Death occurred at 12.30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George Z. Fisher M.D. (Degree or title)		22b. ADDRESS Lebanon, Mo	22c. DATE SIGNED 6/26/58
23a. BURIAL, CREMATION, or other (Specify)	23b. DATE 6/28/58	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memo Park	23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
24. FUNERAL DIRECTOR S. R. Palony Lebanon Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 6-28-1958	26. REGISTRAR'S SIGNATURE Hella L. Hay

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received JUL 7 1958
Laclede County Health Unit
File No. 106
Date Filed JUL 7 1958

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 P. P. Palmer

Licensed Embalmer No. 2208

P. O. Address Liberty

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.