

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018562

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 70

AMENDED FILED MAY 31 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LOUISIANA</u>		Length of stay in lb <u>57 YRS</u>	c. CITY OR TOWN <u>LOUISIANA</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>PIKE CO HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1615 KENTUCKY ST.</u>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>WADE</u> Last <u>TRAVIS</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>20</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-29-83</u>
10a. USUAL OCCUPATION (Give kind of work done) <u>BRIDGE CARPENTER C. & P. RR.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MACON CO MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>RUFUS TRAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>ANN HUDSON</u>	14. NAME OF HUSBAND OR WIFE <u>NORA C TRAVIS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT <u>MRS NORA C TRAVIS</u> Address <u>LOUISIANA MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obstructive jaundice</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 <u>5-17-61</u> to <u>5-20-61</u> and last saw him alive on <u>5-20-61</u> Death occurred at <u>8:25 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Joe Martin, MD.</u> (Degree or title)		22b. ADDRESS <u>Forintona, Mo.</u>	22c. DATE SIGNED <u>5-27-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>MAY 22-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM. PIKE CO</u>	23d. LOCATION (City, town, or county) (State) <u>MO</u>
24. FUNERAL DIRECTOR <u>GEO M COLLIER</u> ADDRESS <u>LOUISIANA</u>		25. DATE RECD. BY LOCAL REG. <u>May 29-61</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Collier</u>

(Printed Embalmer's Statement on Reverse Side)

JUN 7 1961

JUN 23 1961

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 Geo M. Collier

Licensed Embalmer No. 3839

P. O. Address Polkman M

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.