

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19670

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		b. COUNTY <b>Cass</b>	
c. LENGTH OF STAY (in this place) <b>80 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles E</b>	b. (Middle)	c. (Last) <b>Tramill</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 27-50</b>
--------------------------------------------------------------------	-------------	--------------------------	------------------------------------------------------------

5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced - 3</b>	8. DATE OF BIRTH <b>Aug. 25 1891</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 4 HRS. Days <b>2</b>	Hours <b>2</b>	Min.
--------------------	-------------------------------	----------------------------------------------------------------------------	--------------------------------------	-------------------------------------------	----------------------------------	-------------------------------	----------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Jackson Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
-----------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME <b>Robert Tramill</b>	13b. MOTHER'S MAIDEN NAME <b>Delia - ?</b>	14. NAME OF HUSBAND OR WIFE <b>None.</b>
------------------------------------------	--------------------------------------------	------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Nadine Sobree Harrisonville Mo</b>	ADDRESS
------------------------------------------------------------------------------	----------------------------------	-------------------------------------------------------------------------	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA COLON WITH MESENTERIC METASTASIS</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>153X</b>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION <b>June 27 1950</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA TRANSVERSE COLON</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------------	--------------------------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>	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 the deceased from **June 20 1950**, to **JUNE 27, 1950**, that I last saw the deceased alive on **JUNE 27, 1950**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

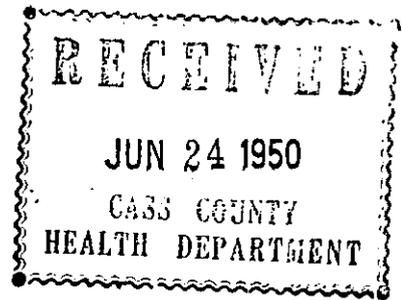
23a. SIGNATURE <b>D. J. Barger</b> (Name or title)	23b. ADDRESS <b>Harrisonville Mo</b>	23c. DATE SIGNED <b>June 29 1950</b>
----------------------------------------------------	--------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIED</b>	24b. DATE <b>June 29 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>
---------------------------------------------------------	-------------------------------	----------------------------------------------------------	-----------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <b>June 29, 1950</b>	REGISTRAR'S SIGNATURE <b>Kaura J. Jones</b>	51	CORRECTOR'S SIGNATURE <b>Arthur</b>	ADDRESS
-----------------------------------------------	---------------------------------------------	----	-------------------------------------	---------

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

0150  
0



**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 *Floyd Atkinson* .....

Licensed Embalmer No. *3820* .....

P. O. Address *Harrisonville* .....

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.