

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22393**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1281**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch (rural) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 286 days | | 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital | | d. STREET ADDRESS (If rural, give location) 3720 McDonald | |

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|---|---------------------------|------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Jessie | b. (Middle) Louise | c. (Last) Travelstead | 4. DATE OF DEATH (Month) (Day) (Year) May 18, 1950 |
|---|---------------------------|------------------------------|--|

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|----------------------|-------------------------------|--|---------------------------------|---|---|---|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). Widow | 8. DATE OF BIRTH 9-18-92 | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Clerk | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) Osage, Kansas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William Lynn | 13b. MOTHER'S MAIDEN NAME Anna Carter | 14. NAME OF HUSBAND OR WIFE (deceased) Conley Travelstead |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. 488-07-4839 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, Robt. Koch Hosp. |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs. (??) |
| | i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis | | |
| | ANTECEDENT CAUSES Morbid 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. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 002X (COUNTY) _____ (STATE) _____ |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 **8-5-**, 19**49**, to **5-18-**, 19**50**, that I last saw the deceased alive on **5-18-**, 19**50**, and that death occurred at **7:45 P.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Bernard Friedman M.D. (Degree or title) _____ | 23b. ADDRESS Robert Koch Hospital | 23c. DATE SIGNED 5-19-50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail) | 24b. DATE 5-20-50 | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) Topeka, Kansas |
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| DATE REC'D BY LOCAL REG. 5-19-50 | REGISTRAR'S SIGNATURE Herbert P. Locke, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl. |
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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 Richard W. Stovesand

Licensed Embalmer No. 4007

P. O. Address.....

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.