

FILED JUL 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23756

State File No.

BIRTH NO. _____ REG. DIST. NO. 3-146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 273

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE 0484</u>	
c. LENGTH OF STAY (in this place) <u>30 YR</u>		d. STREET ADDRESS (If rural, give location) <u>8728 WINNER RD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANITARIUM</u>			

3. NAME OF DECEASED a. (First) <u>Jacob</u> b. (Middle) <u>E.</u> c. (Last) <u>TRAVERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 50</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 18-1882</u>		9. AGE (In years last birthday) <u>61</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WAYNE CO. ILL.</u>	

13a. FATHER'S NAME <u>Jacob E TRAVERS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH STREET</u>		14. NAME OF HUSBAND OR WIFE <u>CARRIE TRAVERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>500-03-5609</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Cornie Travers 8728 Winner Rd</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac dilatation</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>General Acute Peritonitis</u>			
		DUE TO (c) <u>Perforated Gastric Ulcer</u>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>5400</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Pat Roby, M.D., 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 8728 Winner Rd, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jacob H. Hill M.D.</u>		23b. ADDRESS <u>3001 Wyandotte St (CEFM)</u>		23c. DATE SIGNED <u>12 July 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>W. Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		DATE REC'D BY LOCAL REG. <u>July 13, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>D. C. Mo</u>			

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

JUL 14 RECD

DEC 11 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John G. Steel

Signed.....

Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K. C. Mo.

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.