

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 5776 State File No. 31103

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4302 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY OR TOWN <b>Washington Twp.</b>		c. CITY OR TOWN <b>Washington Twp.</b>	
c. LENGTH OF STAY (In this place) <b>life</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John M.</b> b. (Middle) <b>Travis</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>9-3-50</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>9-12-1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months   Days   Hours   Mins.
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		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Dan Travis</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Bernice Travis</b>		ADDRESS <b>Princeton, Mo</b>			

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
DUE TO (b) <b>Hanging</b>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				21. 974X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farmer's home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Washington Twp Mercer Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 3 1950/12</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 9-3, 1950, to 9-3, 1950, that I last saw the deceased alive on 19, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. Dickert M.D. Coroner</b> (Degree or title)		23b. ADDRESS <b>Princeton</b>		23c. DATE SIGNED <b>9-4-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-5-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Goon</b>	
24d. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b>					

DATE REC'D BY LOCAL REG. <b>9-4-50</b>		REGISTRAR'S SIGNATURE <b>M. J. Ruth Sep 5</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b> ADDRESS <b>Princeton, Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *me*

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Paul Moore* .....

Licensed Embalmer No. 2634 .....

P. O. Address *Permulan N* .....

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.