

No. 300
10-48

FILED JAN 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. **41244**
Registrar's No. **577**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 45 Yrs		d. STREET ADDRESS (If rural, give location) 431 West 31st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) Eugehe c. (Last) TRAVIS			4. DATE OF DEATH (Month) (Day) (Year) December 18, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH October 13, 1905	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tobacco Oil Co. (owner)		10b. KIND OF BUSINESS OR INDUSTRY Refining Used Oil		11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Leslie L. Travis		13b. MOTHER'S MAIDEN NAME Grace Turk		14. NAME OF HUSBAND OR WIFE Mabel Travis			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mabel Travis 431 W 31st St. Joplin, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH about 10 wk first noticed.	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho-sarcoma with metastasis						2001	
		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.							

19a. DATE OF OPERATION 10-19-50		19b. MAJOR FINDINGS OF OPERATION Same as above				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 10-16, 1950, to 12-18, 1950 that I last saw the deceased alive on 12-18, 1950, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 40 Jackson, Joplin, Mo.		23c. DATE SIGNED 12-26-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial ()		24b. DATE Dec 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park		24d. LOCATION (City, town, or county) (State) Joplin, Missouri	
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DATE REC'D BY LOCAL REG. 12-26-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Mort. Joplin, Mo.	
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RECEIVED 1-5-51

Jasper County Health Office

County File Number 50-12-975

Date Filed 1-6-51

31 1951

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.

Signed William E. Huddleston

Signed _____
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.