

No. 300
10-48

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5335

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5756 Registrar's No. B

1. PLACE OF DEATH a. COUNTY MARIES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson Twns) c. LENGTH OF STAY (in this place) 68yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Jefferson Township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION. family home		d. STREET ADDRESS (If rural, give location) 06311	

3. NAME OF DECEASED (Type or Print) a. (First) JESSE b. (Middle) H. c. (Last) TRAVIS	4. DATE OF DEATH (Month) (Day) (Year) FEB 6-1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 13-1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (State or foreign country) NASHVILLE, TENN	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. JAMES TRAVIS	13b. MOTHER'S MAIDEN NAME ELIZABETH HULL	14. NAME OF HUSBAND OR WIFE MAYME P. TRAVIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAYME TRAVIS * BELLE, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 3 MO.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. With Pulmonary & Mediastinal Metastasis		
	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. 157A			

19a. DATE OF OPERATION 12-20-50	19b. MAJOR FINDINGS OF OPERATION Biopsy supra clavicular Node.	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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Dec 16, 1950 to Jan 6, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 11:50 PM from the causes and on the date stated above.

23a. SIGNATURE Thomas E. Farrell (Degree or title) M.D. Professional Bldg Springfield Mo. 2-9-51	23b. ADDRESS _____	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/9/51	24c. NAME OF CEMETERY OR CREMATORY LIBERTY CEMETERY	24d. LOCATION (City, town, or county) (State) MARIES COUNTY * MISSOURI
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DATE REC'D BY LOCAL REG. 2-13-51	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SASSNANN'S FUNERAL SERVICE - BELLE
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 21 1951

RECEIVED

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.....
Student Embalmer

Signed Chester Larmer

Licensed Embalmer No. 4128

P. O. Address Blount 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.