

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38545**

FILED DEC 15 1951

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>934</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Tennessee</u> b. COUNTY <u>Stewart</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Indian Mound "Rural" 8410</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) <u>L.</u> c. (Last) <u>Travis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 4 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Aug 8, 1915</u>		9. AGE (In years last birthday) <u>36</u>	Months <u>3</u>	Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Co</u>		11. BIRTHPLACE (State or foreign country) <u>Stewart County, Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G. C. Travis</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie Helfin</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Burget</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>415-20-1886</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul M. Travis, Woodlawn, Tenn</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures</u>					INTERVAL BETWEEN ONSET AND DEATH <u>22 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>due to being struck by burro machine owned and operated by the Chicago Burling and Quincy R.R. Jury's verdict.</u> 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		19b. MAJOR FINDINGS OF OPERATION <u>097 E 800</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad bridge</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Orchard Farm, St. Charles Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 3 1951 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by burro machine</u>			
22. I hereby certify that I am a <u>Field Inquest</u> on <u>Dec 5, 1951</u> , and that death occurred at <u>11:40</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Maria M. Currier</u>				23b. ADDRESS <u>Wentzville Mo</u>		23c. DATE SIGNED <u>12-5-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec 5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Red Top Cemetery (12/7)</u>		24d. LOCATION (City, town, or county) (State) <u>Stewart County, Tenn</u>		
DATE REC'D BY LOCAL REG. <u>12-8-51</u>		REGISTRAR'S SIGNATURE <u>Janice Stewart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. C. Dallmeyer & Sons Co 800 N. 2nd St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

723
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File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 8 1951

RECEIVED

DEC 2 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.

Student _____
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4548

P. O. Address St. Charles, 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.