No. 300
10-48

FILED MAR 22 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8077

BIRTH NO. 1899 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 270

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Burge Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Wright
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mansfield, Rural 8140
d. STREET ADDRESS (If rural, give location) R#4

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Richard c. (Last) Travis

4. DATE OF DEATH (Month) (Day) (Year) March 14 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH March 5-1952
9. AGE (In years last birthday) — — — If under 1 year: Months — Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — — — —
10b. KIND OF BUSINESS OR INDUSTRY — — — —
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? United States

13a. FATHER'S NAME William Travis
13b. MOTHER'S MAIDEN NAME Betty Lois King
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mr. Jessie King ADDRESS Mansfield Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atelectasis, congenital — INTERVAL BETWEEN ONSET AND DEATH 10 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity (2½ mos)
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 7625
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 5, 1952, *to* Mar 14, 1952, *that I last saw the deceased alive on* Mar 13, 1952, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Don J Silsby MD
23b. ADDRESS Springfield Mo.
23c. DATE SIGNED 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/16/52
24c. NAME OF CEMETERY OR CREMATORY Mansfield Cem.
24d. LOCATION (City, town, or county) (State) Mansfield, Mo.

DATE REC'D BY LOCAL REG. 3-21-52
REGISTRAR'S SIGNATURE James R. Amos, MD
25. FUNERAL DIRECTOR'S SIGNATURE Kelley-Ferrell-Bergman, ADDRESS Mansfield Mo
Don Ferrell

(Licensed Embalmer's Statement on Reverse Side)

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

This Body is not embalmed.

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 Glen G. Ferrell

Licensed Embalmer No. 4849

P. O. Address Mansfield, 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.