

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAILED JUN 12 1952

BIRTH NO. _____ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **38**

5500
5

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

1. PLACE OF DEATH a. COUNTY Jefferson		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) Festus Rural-Jaachim		c. CITY (If outside corporate limits, write RURAL and give township): Belle, Mo. (Route # 1) 0630	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mountain View Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		b. (Middle) Johanna	
		c. (Last) Travis	
4. DATE OF DEATH (Month) (Day) (Year) June 6, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1883
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Lahe's Prairie Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Augustus Cardsmeyer		13b. MOTHER'S MAIDEN NAME Julia Cardsmeyer	
14. NAME OF HUSBAND OR WIFE Walter Travis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ralph Tynes Festus, Mo.	
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) Carcinoma of the Kidney		INTERVAL BETWEEN ONSET AND DEATH about 8 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
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 181X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 July , 19 51 , to June 6 , 19 52 , that I last saw the deceased alive on 6-6 , 19 52 , and that death occurred at 9:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R.D. Darnell		23b. ADDRESS Crystal City, Mo	
23c. DATE SIGNED 6-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/9/52	
24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery		24d. LOCATION (City, town, or county) (State) Belle, Missouri	
DATE REC'D BY LOCAL REG. 6-7-52		REGISTRAR'S SIGNATURE Henry D. Pallette	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. Tynes		ADDRESS Festus Mo	

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUN 11 1952

SEP 18 1952

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 Donald H. Wingard

Licensed Embalmer No. 46608

P. O. Address Leeton, 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.