

FILED FEB 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2565
Registrar's No. 19

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 515 S. Science	
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Thomas c. (Last) Traynor			4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 53		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR 8 MONTHS 25 DAYS 1 HOUR 1 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Pike County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Thomas Traynor	13b. MOTHER'S MAIDEN NAME Dazerene Carr	14. NAME OF HUSBAND OR WIFE Ruby Traynor
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, year or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ruby Traynor	ADDRESS Bowling Green, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 10 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic DUE TO (c) Hypertensive Cardiovascular Dis.		
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 _____	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) (Min.) _____	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 **2-2, 1953**, to **2-4, 1953**, that I last saw the deceased alive on **2-3, 1953**, and that death occurred at **6:59 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas H. Hewitt MD	23b. ADDRESS Louisiana Mo	23c. DATE SIGNED 2/5/53
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-53	24c. NAME OF CEMETERY OR CREMATORY Buffalo Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Mo.
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. Feb 6, 1953	REGISTRAR'S SIGNATURE Bernice Callier	374	25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home	ADDRESS Bowling Green, Mo.
---	--	-----	--	-----------------------------------

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

821
C

(Licensed Embalmer's Statement on Reverse Side)

OCT 11 1967

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 James C. Mudd

Licensed Embalmer No. 4152

P. O. Address Doubling Green, 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.