

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28140

State File No.

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>	
c. LENGTH OF STAY (In this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location) <u>118 High</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>TRAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27, 1953</u>		
5. SEX <u>fe</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 18, 1889</u>		9. AGE (In years last birthday) <u>63</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>U. S. Sevier</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Mallott</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Travis</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-14-5750</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Cole</u>	
				ADDRESS <u>Mineola, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			DUE TO (b) <u>Hydronephrosis</u>			DUE TO (c) <u>Carcinoma of Cervix</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			Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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>171X</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 Aug 15, 1953, to Aug 26, 1953, that I last saw the deceased alive on Aug 26, 1953, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David L. Hooper M.D.</u>		23b. ADDRESS <u>329 Main St. Boonville</u>		23c. DATE SIGNED <u>8/28/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/29/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Lamine</u>	
				24d. LOCATION (City, town, or county) (State) <u>Cooper County, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>8/28/53</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Tracher</u>	
				ADDRESS <u>Boonville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Berry W. Shacher

Licensed Embalmer No.

3944

P. O. Address

Bronville, 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.