

FILED NOV 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35659

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 150

| | | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> | c. LENGTH OF STAY (In this place) <u>43 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ON Rock Island Traxic no 40 -</u> | | d. STREET ADDRESS (If rural, give location) <u>715 E 8th.</u> | |

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|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------|------------------------|------------------------|-----------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Winfield</u> c. (Last) <u>Traylor</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 19 1953</u> | | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>July 28 1890</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 15 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railway -</u> | 11. BIRTHPLACE (State or foreign country) <u>Novelty - Knox Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | | |

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|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------|
| 13a. FATHER'S NAME <u>Winfield Scott Traylor</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Catman</u> | 14. NAME OF HUSBAND OR WIFE <u>Ruth Keeper Traylor</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>yes</u> | 16. SOCIAL SECURITY NO. <u>707-16-8164</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Keeper Traylor</u> | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>20 months</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Asthma</u> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>241X</u> | 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) |
|------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------|

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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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 Sept 24, 1953 to Oct 19, 1953, that I last saw the deceased alive on Sept 24, 1953 and that death occurred at 8:40 p.m., from the causes and on the date stated above.

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|------------------------------------------|-------------------|------------------------------------|--------------------------------------|
| 23a. SIGNATURE <u>E. A. Nuffly MD</u> | (Degree or title) | 23b. ADDRESS <u>Trenton Mo.</u> | 23c. DATE SIGNED <u>Oct 21-53</u> |
|------------------------------------------|-------------------|------------------------------------|--------------------------------------|

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|------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct 22, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo.</u> |
|------------------------------------------------------------|----------------------------------|---------------------------------------------------------------|----------------------------------------------------------------------|

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|---------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|---------|
| DATE REC'D BY LOCAL REG. <u>10/22-53</u> | REGISTRAR'S SIGNATURE <u>June</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Davin - Blackmer Trenton, Mo.</u> | ADDRESS |
|---------------------------------------------|--------------------------------------|--------------------------------------------------------------------------|---------|

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

402
3

0402
0

YS OCT 16 1961

NOV 17 1961

NOV 16 1960

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

Harold L Roberts

Licensed Embalmer No. 4920

P. O. Address Trenton, 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.