

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2062

State File No. ....

No. 300  
10.48

BIRTH NO. ....		REG. DIST. NO <u>278</u>		PRIMARY REG. DIST. NO <u>3054</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>PIKE</u> <u>0826</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LOUISIANA</u>		c. LENGTH OF STAY (In this place) <u>WIFE</u>		c. CITY OR TOWN <u>LOUISIANA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1613 KENTUCKY ST.</u> <u>0826</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>TRUFUS</u> c. (Last) <u>TRAVIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 1, 1955</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>AUG 2, 1921</u>	
9. AGE (In years last birthday) <u>33</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BUILDING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LOUISIANA, MISSOURI</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>THOMAS WADE TRAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>NORA CATHERINE POYSER</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY LOUISE TRAVIS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>W.W.II</u>		16. SOCIAL SECURITY NO. <u>487-18-3301</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. DOROTHY LOUISE TRAVIS</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia (at)</u> ANTECEDENT CAUSES DUE TO (b) <u>Compression of lungs</u> DUE TO (c) <u>punctum wound - auto accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>10 days</u> <u>15 days</u>	
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 79</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pike 082 Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 22 55 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>auto accident</u>			
22. I hereby certify that I attended the deceased from <u>1/22, 1955</u> , to <u>2/1, 1955</u> , that I last saw the deceased alive on <u>1/31, 1955</u> , and that death occurred at <u>12:38 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Middleton M.D.</u>				23b. ADDRESS <u>Louisiana Mo.</u>		23c. DATE SIGNED <u>2/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 3, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PIKE COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2/4/55</u>		REGISTRAR'S SIGNATURE <u>Bernard C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>		ADDRESS <u>Louisiana Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 7 1961

FEB 23 1965

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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.....  
Signature of Student Embalmer

Signed *Geo. M. Collier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisiana*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.