

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7155**

FILED MAR 22 1955

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY OR TOWN Tarkio	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 24 hrs		e. STREET ADDRESS (If rural, give location) 0030	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) B c. (Last) TRAVIS			4. DATE OF DEATH (Month) (Day) (Year) March 3 1955		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 20, 1867	9. AGE (In years last birthday) 87	if UNDER 1 YEAR Months 6 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James B. Tate		13b. MOTHER'S MAIDEN NAME Juliet Christian	14. NAME OF HUSBAND OR WIFE F.S. Travis		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) **	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ed Travis	ADDRESS St. Charles 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 26 hrs
	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) Arteriosclerosis		
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 331 X	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) 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 **Dec**, 19 **52**, to **March**, 19 **55**, that I last saw the deceased alive on **March 3**, 19 **55**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward S. Bare (Degree or title) MD	23b. ADDRESS Tarkio, Mo.	23c. DATE SIGNED Mar. 4, 1955
--	---------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Mar. 5, 1955	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio Mo.
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG Mar 16, 1955	REGISTRAR'S SIGNATURE Harwin W. Schooler	25. FUNERAL DIRECTOR'S SIGNATURE Davis' Funeral Home	ADDRESS Tarkio, Mo.
---	---	---	----------------------------

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.....
Signature of Student Embalmer

Signed *Frank A. Brown*.....

Licensed Embalmer No..3338

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