

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19003

FILED JUL 8 - 1955

State File No. 2722

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2722</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 Days		c. CITY OR TOWN Prairie Village		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 Saint Lukes				STREET ADDRESS (If rural, give location) 5012 West 70th st.			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) B. c. (Last) TRAVIS			4. DATE OF DEATH (Month) (Day) (Year) June 24, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/6/80		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired salesman		10b. KIND OF BUSINESS OR INDUSTRY News Service		11. BIRTHPLACE (City and State or Foreign Country) Ohio - Hamilton		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Perry deKalb Travis		13b. MOTHER'S MAIDEN NAME Lucinda Meyers		14. NAME OF HUSBAND OR WIFE Ethelwold Travis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ethelwold Travis, 5012 W. 70th ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia				DUE TO (b) Pyelonephritis			4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus Ch. Hemiplegia			24 hr + 10000 5 yr. 3 mo.
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) 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 6/12/55 , to 6/24, 1955 that I last saw the deceased alive on 6/23/55 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE James J. James MD (Degree or title)				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 6/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-27-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Washington		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE RECD BY LOCAL REG. 6-25-55		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. K.C.MO.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
James A. Jarvis

Mr. James James
411 DuChesne St

JE 2020

1:30 until 5

Exp. 2:08 am

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..... *J. T. Crowell*

Licensed Embalmer No. 49

P. O. Address H.C.

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.