

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38978**  
**10028**

FILED NOV 23 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Missouri</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		STREET ADDRESS <b>21 2730 Franklin</b>		(If rural, give location) <b>22170</b>	
3. NAME OF DECEASED a. (First) <b>Ora</b> (Type or Print)			b. (Middle) <b>Travis</b>		c. (Last)
4. DATE OF DEATH		(Month) <b>11</b>	(Day) <b>8</b>	(Year) <b>55</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>3 Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>6-15-1912</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Humboldt, Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>George Larry</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie D. Wilson</b>	
14. NAME OF HUSBAND OR WIFE <b>John R. Travis</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Nellie Smith</b>		ADDRESS <b>4606 Russell</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pellagra. Malnutrition.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pyelonephritis.</b>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>281X</b>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <b>10-21-</b> , <b>1955</b> , to <b>11-8-</b> , <b>1955</b> , that I last saw the deceased alive on <b>11-8-</b> , <b>1955</b> , and that death occurred at <b>4:10 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>C. J. Williams</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier Street</b>	
23c. DATE SIGNED <b>11-10-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-17-55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Douglas Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>East St. Louis Ill</b>			
DATE REC'D BY LOCAL REG. <b>NOV 17 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. H. Burks</b>	
				ADDRESS <b>3506 Franklin</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

REC'D MAR 2 1933

Calvin  
Calvin Roberson

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..

*This Body is not Embalmed*  
Signed .....  
Licensed Embalmer No. ....

Student .....  
Signature of Student Embalmer

P. O. Address .....

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.