

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5670**

FILED FEB 27 1956

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST PRAIRIE Mo		c. LENGTH OF STAY (In this place) 30 YEARS	c. CITY OR TOWN EAST PRAIRIE Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST PRAIRIE Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) EAST PRAIRIE Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) ISA b. (Middle) DORA c. (Last) TREVATHAN			4. DATE OF DEATH (Month) (Day) (Year) FEB. 14, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH APRIL 9, 1868	9. AGE (In years last birthday) 87	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) HICKMAN Co. Ky		12. COUNTRY OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME S. J. SCOTT	13b. MOTHER'S MAIDEN NAME JANE B. JACKSON	14. NAME OF HUSBAND OR WIFE JAMES W. TREVATHAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS IRA TREVATHAN EAST PRAIRIE 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 4 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decomposition		
	ANTECEDENT CAUSES DUE TO (b) Myocarditis DUE TO (c) A-S. heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scoliosis - marked		year	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	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) 4300
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 **Feb. 10, 1956**, to **Feb. 14, 1956**, that I last saw the deceased alive on **Feb. 12, 1956**, and that death occurred at **11:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. Charles Solving - MD	(Degree or title)	23b. ADDRESS Charleston Mo	23c. DATE SIGNED 2-20-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB 16, 1956	24c. NAME OF CEMETERY OR CREMATORY CLINTON CEMETERY	24d. LOCATION (City, town, or county) (State) CLINTON KY KY
DATE REC'D BY LOCAL REG. 2-23-56	REGISTRAR'S SIGNATURE Gertrude G. Harper	197-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Travis Shelby Jr. East Prairie Mo.

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

RECEIVED
Miss. Co. Health Dept
County File No. FEB 24
Date Filed FEB 24 1956

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 *T. Travis Shelby Jr.*.....

Licensed Embalmer No. *H. L. H. A.*

P. O. Address *East. Prairie*

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.