S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7316

BIRTH NO. FILED MAR 5 1956 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 01749

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

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 1 WEEK
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. ANTHONY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY FRANKLIN
c. CITY OR TOWN LUEBBERING
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) —

0360 1

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) HARVEY
c. (Last) TRAVIS

4. DATE OF DEATH (Month) FEB. (Day) 16 (Year) 1956

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JUNE 7, 1883
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (City and State or Foreign Country) BROOKLYN N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAS. H. TRAVIS
13b. MOTHER'S MAIDEN NAME HANNAH WALLING
14. NAME OF HUSBAND OR WIFE FERN LOVE 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.
17. INFORMANT'S SIGNATURE OR NAME Mrs Fern L. Travis Luebbering, Mo. ADDRESS

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) Bronchogenic Carcinoma Rt. lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) as above
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Empyema Necessitatis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 1-9-56
19b. MAJOR FINDINGS OF OPERATION Carcinoma Rt. lung 162 x
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None
21c. (CITY, TOWN, OR TOWNSHIP) None (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Dec. 24, 1955, *to* Feb. 16, 1956 *that I last saw the deceased alive on* Feb. 16, 1956 *and that death occurred at* 5 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE G. H. Maynes Jr. (Degree or title) ?
23b. ADDRESS 50 Side Natl Bk Bldg
23c. DATE SIGNED 2-17-56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 2-20-56
24c. NAME OF CEMETERY OR CREMATORY NEW LORIMER CEMETERY
24d. LOCATION (City, town, or county) CAPE GIRARDEAU, (State) MO.

DATE REC'D BY LOCAL REG. FEB 17 1956
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME ADDRESS WEBSTER GROVES, MO.

F.P. (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 41.

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.