

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **498**

FILED FEB 4 1957

BIRTH NO. _____ REG. DIST. NO. **50** PRIMARY REG. DIST. NO. **5176** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montreal AuGlaize		c. CITY OR TOWN Montreal Rural	
c. LENGTH OF RESIDENCE IN THIS PLACE life		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION home		STREET ADDRESS (If rural, give location) 0150	

3. NAME OF DECEASED (Type or Print)	a. (First) Emmer	b. (Middle) Columbus	c. (Last) Traw	4. DATE OF DEATH (Month) (Day) (Year) January 29, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 12, 1888	9. AGE (In years, last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Camden County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John N. Traw	13b. MOTHER'S MAIDEN NAME Matilda Sellers	14. NAME OF HUSBAND OR WIFE Mabel Cook Traw
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If in war or dates of service) WWI	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Milton Traw Richland, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) age - arteriosclerosis DUE TO (c) Exhausting heart disease		
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 4201	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **viewed** **Jan 29, 1957**, to _____, 19**57**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Abbie Woolery Coroner	23b. ADDRESS Camdenton Mo	23c. DATE SIGNED Feb 1-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 1, 1957	24c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	24d. LOCATION (City, town, or county) (State) Richland Missouri
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DATE REC'D BY LOCAL REG. Feb 1-1957	REGISTRAR'S SIGNATURE Zilpha Traw	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter H. Hedges Hedges Funeral Homes Inc.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

FEB 6 1957
FEB 5 1957

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..... *Walter R. Hayes*

Licensed Embalmer No. 4265

P. O. Address Iberia, Mo.

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