

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-045065

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Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 9 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monett</u>		Length of stay in lb <u>16 Days</u>		c. CITY OR TOWN <u>Sarcoxis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincents</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1301 Joplin</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Olive</u> Middle <u>Gertrude</u> Last <u>Travis</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>31</u> Year <u>1960</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-10-1879</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Theater Prop.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Theater</u>		11. BIRTHPLACE (City and state or country) <u>Ill. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Reed Richards</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Koehler</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Travis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>495-36-3588</u>		17. INFORMANT <u>Ruby Travis, Sarcoxis, Mo.</u> Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, left lung</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>11-25-60</u> to <u>12-31-60</u> and last saw him alive on <u>12-30-60</u> Death occurred <u>9:25</u> P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. L. Edwards M.D.</u> (Degree or title)				22b. ADDRESS <u>Monett, Mo</u>		22c. DATE SIGNED <u>1-6-61</u>			
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		23d. LOCATION (City, town, or county) <u>Lamar, Mo.</u>		STATE		
24. FUNERAL DIRECTOR <u>Ulmer-Moss Funeral Home, Sarcoxis, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>1-6-61</u>		26. REGISTRAR'S SIGNATURE <u>Mr. P. N. Cook</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 3 1961

APR 26 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address Carthage,

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