

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039547

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4348 Registrar's No. 129

FILED OCT 31 1962

VS 300
Rev. 4/59
0900
0700
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4 1
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7 0
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9153.8
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1290-2
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wellsville Length of stay in lb
c. CITY OR TOWN Wellsville Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 W. Hudson Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 408 W. Hudson Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Montgomery

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Elizabeth C. Travis Oct. 20, 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Mar. 4, 1899 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HR Hours 16 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) Linn Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Charles W. Clark 13b. MOTHER'S MAIDEN NAME Annie B. Worley 14. NAME OF HUSBAND OR WIFE ~~XXXXXXXXXX Neill~~

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. [redacted] 17. INFORMANT Address Mexico
Mrs Magaine Neill Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of colon INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Oct 20, 1962 to Oct 20, 1962 and last saw her/him alive on Oct 20, 1962. Death occurred at 9 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Willis H. Walters M.D. 22b. ADDRESS Wellsville, Mo 22c. DATE SIGNED 10/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct 23, 1962 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery 23d. LOCATION (City, town, or county) (State) Mexico, Mo

24. FUNERAL DIRECTOR ADDRESS Howard F. Myers, Wellsville, Mo 25. DATE RECD. BY LOCAL REG. 10/22/1962 26. REGISTRAR'S SIGNATURE Laura B. Callaway

USE BLACK INK OR TYPEWRITER RIBBON

NOV 8 1962

NOV 16 1962

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 Howard Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville, Mo.

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.