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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5206  
Registrar's No. 28

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY OR TOWN <b>Lexington</b>		c. CITY OR TOWN <b>Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>		d. STREET ADDRESS <b>XXXX 1838 Poplar</b>	

3. NAME OF DECEASED (Type or Print) <b>CAROL ANN SHORT</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>February 18 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>February 18, 1951</b>	9. AGE (In years last birthday) Months Days <b>0 0 0</b>	10. IF UNDER 24 HRS. Hours Min. <b>5</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Lexington, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Louis J. Short</b>	13b. MOTHER'S MAIDEN NAME <b>Opal a. Hodge</b>	14. NAME OF HUSBAND OR WIFE <b>XXXXXX none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Louis J. Short</b>	ADDRESS <b>Lexington, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature (5 1/2 Months)</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Unknown</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Feb 18 1951**, to **Feb 18 1951**, that I last saw the deceased alive on **Feb 18 1951**, and that death occurred at **7:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ben H. Hesser MD</b>	23b. ADDRESS <b>Lexington, Missouri</b>	23c. DATE SIGNED <b>2/26/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>February 18, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Machpelah</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo</b>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Feb 26, 1951</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. E. Evaluation &amp; Ernest F. Pempel, Lexington, Mo</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0542  
0

0542

RECEIVED

2/28/51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 2.28.51

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 Student Embalmer

Signed

*L. W. McKeon*

Licensed Embalmer No. 2983

P. O. Address Lexington, Miss

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 this body is not embalmed, fact should be so stated above.