

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1701 Hwy Cape Girardeau Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>- Lucius</u> c. (Last) <u>Short</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 2 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 20 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas K. Short</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sullan</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. C. H. Short</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>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Char. Wilson Short</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma</u> DUE TO (c) <u>in Stomach</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>Feb - July or Aug 1950</u>			19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>		
22. I hereby certify that I attended the deceased from <u>2/19/1951</u> , to <u>3/2/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/2</u> , 19 <u>51</u> , and that death occurred at <u>5:05 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Albert M. Estes, M.D.</u>			23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>3-10-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 4 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-11-1951</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabough-Haird</u>	
ADDRESS <u>Jackson Mo</u>					

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

2164

77A-2

RECEIVED

MAR 19 1951

DISTRICT HEALTH OFFICE No. 6

c No. ....

**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.

Signed

*R. O. Laird*

Signed .....

Student Embalmer

Licensed Embalmer No. *4538*

P. O. Address *Jackson, 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 this body is not embalmed, fact should be so stated above.