

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **34787**

OCT 21 1952
 BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **12**

0422

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

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) Clinton		c. LENGTH OF STAY (in this place) 50 years	c. CITY (If outside corporate limits, write RURAL and give township) Clinton		1422
d. FULL NAME OF HOSPITAL OR INSTITUTION 320 N Water			d. STREET ADDRESS (If rural, give location) N Main St		

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Lee c. (Last) Shortridge			4. DATE OF DEATH (Month) (Day) (Year) 10-13-1952		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 1875-77	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) not known		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE	
--------------------------------------	--	---	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 492-18-4573	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forest Avery Clinton Mo			
---	---	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EMBOLUS			INTERVAL BETWEEN ONSET AND DEATH INSTANT	
	ANCEDECENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
------------------------	----------------------------------	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Mo	
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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Hugh B Walker, MD, Coroner	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 14 Oct 1952
---	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-14-1952	24c. NAME OF CEMETERY OR CREMATORY Clinton col cemetery	24d. LOCATION (City, town, or county) (State) Clinton Mo
--	--------------------------------	---	--

DATE REC'D BY LOCAL REG. Oct-14-52	REGISTRAR'S SIGNATURE Florence	25. FUNERAL DIRECTOR'S SIGNATURE Adair Siskman-Dunning	ADDRESS Clinton Mo
--	--	--	------------------------------

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

Robert S. Dunning

Licensed Embalmer No. *4710*

P. O. Address *Clinton 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.