

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4500

State File No. ....

FILED MAR 8 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 2 years		c. CITY OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 303 East Grand		e. STREET ADDRESS (If rural, give location) 303 East Grand			

3. NAME OF DECEASED (Type or Print) ROSETTA	a. (First)	b. (Middle) SHORT	c. (Last) AMOS	4. DATE OF DEATH February 23 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 4, 1874	9. AGE (In years last birthday) 79	10. MONTHS 1	11. DAYS 23	12. HOURS 1	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) High Point, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Short	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE -----
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Glen Amos, Springfield, Missouri	ADDRESS Glen Amos, Springfield, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinomatous</i>		DUE TO (b) "Probably" Gastric Carcinoma		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 151 X	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) m.	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 Jan 10, 1954, to Feb 23, 1954, that I last saw the deceased alive on Feb 23, 1954, and that death occurred at 10:45 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>Paul C. Norton</i>	(Degree or title) M.D.	23b. ADDRESS 1630 N. Jefferson, Springfield, Mo.	23c. DATE SIGNED 2-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) California, Missouri
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DATE REC'D BY LOCAL REG. 2-24-54	REGISTRAR'S SIGNATURE <i>E. W. Williams</i>	25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <i>Jewell C. Wendt, Springfield, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed..... *Carl J. Glenn*

Licensed Embalmer No. *4701*

P. O. Address *Springfield*

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