

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5689

State File No.

FILED MAR 8 1954

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boothwell Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>1105 W. 6th</u>			

3. NAME OF DECEASED (Type or Print) <u>Blanche Shortridge</u>			4. DATE OF DEATH <u>March 3 1954</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 1 - 1873</u>		9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Canton Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Ben Binkley</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Stanley Shortridge</u>	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ben Bridges</u> ADDRESS <u>Seymour, Mo</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		DUE TO (b) <u>chronic artery disease</u>				2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Smoked cigarettes</u>				years	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.		<u>I also arthritis</u>				years	

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)	
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?	

22. I hereby certify that I attended the deceased from Feb. 7, 1954, to March 3, 1954, that I last saw the deceased alive on March 2, 1954, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas J. Hightman, D.M.W.</u>		23b. ADDRESS <u>Sedalia, Mo.</u>		23c. DATE SIGNED <u>3/7/54</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-5-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
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DATE REC'D BY LOCAL REG. <u>3-5-54</u>		REGISTRAR'S SIGNATURE <u>A. G. Campbell M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M^cLaughlin Bros</u> ADDRESS <u>Sedalia</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James R. Ashen*.....

Licensed Embalmer No. *49*.....

P. O. Address *Sedalia*.....

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.