

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11033**

BIRTH NO. <b>5150</b> <b>MAR 19 1954</b>		REG. DIST. NO. <b>369</b>	PRIMARY REG. DIST. NO. <b>4538</b>	Registrar's No. <b>21</b>
1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>		
b. CITY OR TOWN <b>Piedmont</b>		c. CITY OR TOWN <b>Piedmont</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1110</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Edgar</b> c. (Last) <b>Short</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 11, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 8, 1895</b>	9. AGE (In years last birthday) <b>59</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>County Collector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>County</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Grandin, Carter Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas B. Short</b>		13b. MOTHER'S MAIDEN NAME <b>Lizzie Webb</b>	14. NAME OF HUSBAND OR WIFE <b>Lena Daffron</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 9/1917-8/1918</b>		16. SOCIAL SECURITY NO. <b>486-38-0918</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena Short</b> ADDRESS <b>Piedmont, Mo.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) <b>Piedmont Wayne Mo</b>	
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 <b>Jan 1954</b> to <b>Feb 11, 1954</b> , that I last saw the deceased alive on <b>3-11-1954</b> , and that death occurred at <b>6 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>L. E. ...</b> (Degree or title)			23b. ADDRESS <b>Piedmont Mo</b>	23c. DATE SIGNED <b>3-15-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/11/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Piedmont, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 16, 1954</b>	REGISTRAR'S SIGNATURE <b>Hazel Ward</b>	<b>460</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Norman W. Gish Piedmont, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 13 1954

WAYNE CO. HEALTH CENTER

FILE No. 354-13

MAR 25

SEP 3 1954

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 \_\_\_\_\_

*The*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Marvin E. Bowles*

Licensed Embalmer No. \_\_\_\_\_

*4426*

P. O. Address \_\_\_\_\_

*Piedmont, 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.