

FILED JUN 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17626

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 6112A Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-KELSO TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-KELSO TWP</b>	
c. LENGTH OF STAY (In this place) <b>ALL LIFE</b>		d. STREET ADDRESS (If rural, give location) <b>2 MI. N. OF FORNEFELT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 MIN. OF FORNEFELT</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>(NMI)</b> c. (Last) <b>SHORT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 24, 1954</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>JAN 2, 1906</b>		9. AGE (In years last birthday) <b>48</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>SCOTT COUNTY, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>GEORGE SHORT</b>		13b. MOTHER'S MAIDEN NAME <b>CANSADDIE COTTNER</b>	
14. NAME OF HUSBAND OR WIFE <b>JOSEPHINE WEIDFELD</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Don't know</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Annie Westerhold</b>		ADDRESS <b>Illmo, Mo</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Gunshot wounds self inflicted</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wounds self inflicted</b>		INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>H10 Gage gun - in occiput</b>			
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) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <b>E976X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **7:30 p. m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Thelma S. Buckthorpe, M.D. Health Officer</b>		23b. ADDRESS <b>Benton - Mo.</b>		23c. DATE SIGNED <b>May 27, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>5-26-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LUTHERAN</b>	
24d. LOCATION (City, town, or county) (State) <b>ILLMO, MISSOURI</b>					

DATE REC'D BY LOCAL REG. <b>May 6 - 1954</b>		REGISTRAR'S SIGNATURE <b>Mrs. G. J. Davis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Shiplinghoff Funeral Home</b>	
		ADDRESS <b>300-0</b>		ADDRESS <b>Illmo, Mo</b>	

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

DATE RECEIVED JUN 7 1954

SCOTT CO. HEALTH DEPT.

CO. FILE No. 654-114

**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 Oliver Carmack

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.