

No. 300  
10. 48

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36214**  
Registrar's No. **1154**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **3333** PRIMARY REG. DIST. NO. **3074**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY OR TOWN <b>Canalou</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 Hours</b>		e. STREET ADDRESS (If rural, give location) <b>-- --</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Flora</b> b. (Middle) <b>Mrytle</b> c. (Last) <b>Shorter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10 15 1954</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		
8. DATE OF BIRTH <b>9-3-1908</b>		9. AGE (In years last birthday) <b>46</b>		10. IF UNDER 1 YEAR Days		
11. IF UNDER 1 HRS. Hours		12. IF UNDER 1 MIN. Min.		13. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Catron School</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Trenton, Tennessee</b>		
13a. FATHER'S NAME <b>Calvin Hicks</b>		13b. MOTHER'S MAIDEN NAME <b>Alberta Farmer</b>		14. NAME OF HUSBAND OR WIFE <b>Tony Shorter</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>----</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Tony Shorter, Canalou, Mo.</b>		
17. ADDRESS <b>-----</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Severe cerebral laceration:</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>multiple lacerations</b>	
- ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b) _____		DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Auto</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>100</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10 15 54</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>car accident</b>	

22. I hereby certify that I attended the deceased from **10-15, 1954**, to **10-15, 1954**, that I last saw the deceased alive on **10-15, 1954**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. C. Critchlow M.D.</b>		23b. ADDRESS <b>Sikeston, Missouri</b>		23c. DATE SIGNED <b>10-16-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>10-18-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>New Madrid, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>10-23-54</b>		REGISTRAR'S SIGNATURE <b>Mrs. Ella Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b> ADDRESS <b>Dexter, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 1 1954  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 1154-219

NOV 19 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Marsh Wetheris.....

Licensed Embalmer No. 4717

P. O. Address Pella M.....

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.