

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36673

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. CITY OR TOWN CLINTON	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) 12 yrs.		e. STREET ADDRESS (If rural, give location) 325 N. 2nd. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 325 N. 2nd. ST. HIS HOME			

3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN b. (Middle) E. c. (Last) SHORT			4. DATE OF DEATH (Month) (Day) (Year) DEC. 3, 1955		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 31, 1870	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months 11 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and State or Foreign Country) LEESVILLE, HENRY CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES M. SHORT	13b. MOTHER'S MAIDEN NAME SARRAH TINDLE	14. NAME OF HUSBAND OR WIFE MATTIE MAE SHORT
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME FERN SHORT, CLINTON, MO. RED ##3	ADDRESS
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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, asthma, 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) Shock caused by acute pulmonary embolism - 30 min.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated hypertensive heart disease 1 1/2 mos. DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X			

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 Oct. 15, 1955, to Dec. 3, 1955, that I last saw the deceased alive on Dec. 3, 1955, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. E. Warbaugh, D.O.	23b. ADDRESS 105 E. Ohio, Clinton, Mo.	23c. DATE SIGNED Dec. 5, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC. 6, 1955	24c. NAME OF CEMETERY OR CREMATORY ENGLEWOOD CEMETERY	24d. LOCATION (City, town, or county) (State) CLINTON, MISSOURI
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DATE REC'D BY LOCAL REG. 12-5-55	REGISTRAR'S SIGNATURE Mildred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE W. Tansant	ADDRESS Clinton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 20 1958

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..... *N.J. Vansant*

Licensed Embalmer No. *37*

P. O. Address... *Clinton*

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