

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27524

BIRTH NO. _____		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 567		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY LINCOLN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY LINCOLN			
b. CITY (If outside corporate limits, write RURAL and give township) TROY		c. LENGTH OF STAY (In this place) 9 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) Elsberry		d. STREET ADDRESS (If rural, give location) Rural 0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION LINCOLN COUNTY MEMORIAL HOSP							
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) Wm.		c. (Last) SHORT		4. DATE OF DEATH (Month) (Day) (Year) AUG. 14 '56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Dec. 15, 1892		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) WARSAW, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN SHORT		13b. MOTHER'S MAIDEN NAME DON'T KNOW		14. NAME OF HUSBAND OR WIFE BESS CHILTON SHORT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-03-1104		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bess Chilton Short, Elsberry, Mo			
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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of larynx. DUE TO (c) 19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 161X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Larynx with Metasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, 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 Aug 7, 1956, to Aug 14, 1956, that I last saw the deceased alive on Aug. 14, 1956, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J.C. Burns M.D.				23b. ADDRESS Troy, Missouri		23c. DATE SIGNED 8/15/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/16/56	24c. NAME OF CEMETERY OR CREMATORY CHILTON		24d. LOCATION (City, town, or county) (State) EMINENCE, MO.		
DATE REC'D BY LOCAL REG. Sept 1-1956		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.C. Burns, Willow Springs, Mo.			

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 Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri

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.