

Health, Welfare & Public Service
 0300
 1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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FILED JUL 19 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

25341
 STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5729 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ten Mile Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Macon</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 1 Anabel</u>			Length of stay in 1b <u>1 1/2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1 Anabel</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edgar</u> Middle <u>Lee</u> Last <u>Short</u>				4. DATE OF DEATH Month <u>June</u> Day <u>26</u> Year <u>1957</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 16, 1882</u>		9. AGE (In years last birthday) <u>75</u>	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) <u>Housewife FARMER Etc.</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Macon County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>George W. Short</u>				14. MOTHER'S MAIDEN NAME <u>Frances Schaffer</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Mrs. Lula Short Anabel</u> Address _____					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocarditis</u> DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>592X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>June 20</u> to <u>June 26, 1957</u> and last saw ^{him} <u>him</u> alive on <u>June 26, 1957</u> . Death occurred at <u>7:10 P.</u> m on the date stated above; and to the best of my knowledge from the causes stated.									
22a. SIGNATURE <u>R. D. Mason D.D.</u> (Degree or title)				22b. ADDRESS <u>Macon, Mo.</u>				22c. DATE SIGNED <u>6/30/57</u>	
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
<u>Burial</u>		<u>June 29, 57</u>	<u>Mt. Tabor Cem.</u>		<u>Atlanta</u>		<u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Lester Shotton</u> ADDRESS <u>Macon Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7/1/57</u>		26. REGISTRAR'S SIGNATURE <u>Cluth M. Neely</u>				

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7.18.57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Charles L. Hutto*

Licensed Embalmer No. *95*

P. O. Address *Macon*

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