

JRI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030171

FILED VS AUG 3 0 1960

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 9430 Registrar's No. 62

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY FRANKLIN	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INTERSTATE HWY 44	a. STATE MO.	b. COUNTY IRON
Length of stay in 1b		c. CITY OR TOWN CALEDONIA	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 200 FT. E. HWY 50 JCT.		d. STREET ADDRESS (If outside, give location) R.R. # 1	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First THOMAS	Middle CLIFTON	Last SHORT	Month AUG.	Day 25
Year 1960	5. SEX MALE		6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
8. DATE OF BIRTH MAR. 30, 1932	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months 4 Days 25	IF UNDER 24 HR Hours Min. 	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY TRUCK DRIVER	11. BIRTHPLACE (City and state or country) POTOSI, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME RICHARD SHORT	13b. MOTHER'S MAIDEN NAME ETHEL GIBSON	14. NAME OF HUSBAND OR WIFE DELLA 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.	17. INFORMANT Address MRS. DELLA SHORT R.R. # 1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Multiple injuries sustained in truck accident plus</i>	DUE TO (b) <i>in truck accident plus</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <i>Exhaustion due to gasoline fire incident</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Subject sustained truck</i>
20c. TIME OF INJURY Hour 3:30 s.m. pm Month, Day, Year 8/25/60		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <i>Highway 66 + 50 near Union Franklin Mo.</i>	20f. CITY, TOWN, OR LOCATION Union Franklin Mo.	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) <i>E. F. Oltmann</i>	22b. ADDRESS <i>Union Mo</i>	22c. DATE SIGNED <i>8/25/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-25-1960	23c. NAME OF CEMETERY OR CREMATORY BOSS CEMETERY	23d. LOCATION (City, town, or county) (State) BOSS, MO.
24. FUNERAL DIRECTOR E. F. OLTMANN UNION, MO	25. DATE RECD. BY LOCAL REG. <i>8/25-60</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 2 1960

SEP 7 1960

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 _____

Licensed Embalmer No. _____

P.O. Address _____

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.