

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039311

ED VS NOV 2 1960

Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 132

STATE FILE NUMBER

INDEXED

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| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | | 2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Polk</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolivar</u> | | Length of stay in 1b <u>20 yrs</u> | c. CITY OR TOWN <u>Bolivar</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the home</u> | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Monroe</u> Last <u>Short</u> | | | 4. DATE OF DEATH Month <u>Oct.</u> Day <u>23</u> Year <u>1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 9 - 1885</u> | 9. AGE (last birthday) <u>75</u> | 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>Ret. farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>agriculture</u> | | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>A.B. Short</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Boor</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Deceased</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>Walter Short - Bol. Mo.</u> | | 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>Probable coronary occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 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 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. | Month, Day, Year | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <u>10:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Edney Pitts - Coroner - Polk Co. Mo.</u> | | | 22b. ADDRESS <u>Bolivar Mo.</u> | | 22c. DATE SIGNED <u>Oct. 25 - 60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Oct. 27 - 60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u> | | |
| 24. FUNERAL DIRECTOR <u>Edney Pitts - Bol. Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Oct. 28, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u> | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 AON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Sidney J. Pitts*

Licensed Embalmer No. *H 939*

P. O. Address *Bol. Mo*

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