

No. 300
10.48

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8855

COPY 49
5 21

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN Joplin
c. LENGTH OF STAY (in this place) 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION 1809 Grand (Nursing Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Oklahoma b. COUNTY Ottawa
c. CITY OR TOWN Hockerville
d. STREET ADDRESS None

3. NAME OF DECEASED
a. (First) Annie b. (Middle) SHORT c. (Last) SHORT

4. DATE OF DEATH April 4th 1949

5. SEX Female

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 22, 1868

9. AGE (In years last birthday) 80
if UNDER 1 YEAR: Months 11 Days 12
if UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Christian County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE George 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'S SIGNATURE OR NAME ADDRESS George Short Hockerville, Okla.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart Disease
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 2 1949 to Apr. 7 1949, that I last saw the deceased alive on Apr. 4 1949, and that death occurred at 3:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. C. Coats M.D.

23b. ADDRESS Joplin Mo

23c. DATE SIGNED 4-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 6-'49

24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 4-8-49 Ed. James

REGISTRAR'S SIGNATURE Ed. James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thornhill-Dillon Joplin, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Jess O'Sullivan*

Licensed Embalmer No. *4646*

P. O. Address *Joplin, Mo*

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.